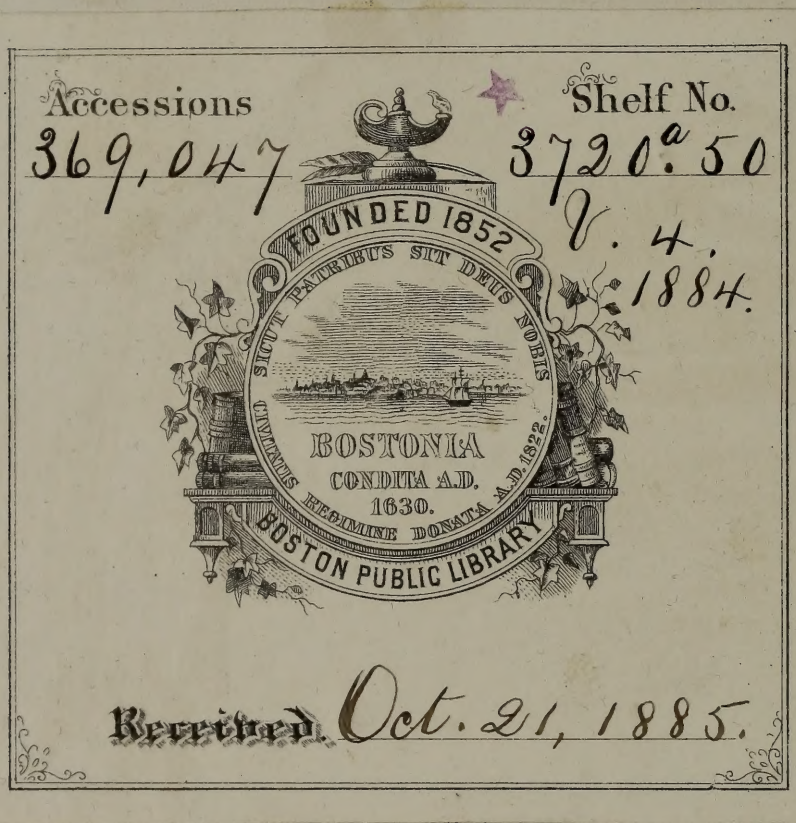
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EDITED BY

—ROBERT A. REID, M. D.,—

Fellow of the Mass. Eclectic Medical Society.

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ORIGINAL COMMUNICATIONS.

THE MUTUAL INTERESTS OF PHYSICIANS AND APOTHECARIES.

BY A. J. HOWE, M. D., CINCINNATI, O.

AT present there is a conflict of opinions on the part of doctors and druggists, in Cincinnati. In the first place, the season has been unusually healthy, a circumstance that gave medical men time to rake up grievances, and an appetite for action in the premises. Then, again, in a healthy season, people are prone to go to drug stores for the treatment of minor ills, calling for castor oil, cathartic pills, quinine, cough lozenges, and even for salves to cure an eruption. This habit has made physicians jealous of the practice druggists are doing; and they have called the latter to give an account of their doings. At length the conflict "waxed so warm" that each party chose a committee to hold a conference in regard to the issue between them. The druggists claim the right to sell "little things" over the counter, and denounce the impertinence of the doctors' interference.

The most important thing in the whole matter is in regard to the refilling of prescriptions. Instances were cited of a recipe having been renewed thirty, forty and fifty times, yet the writer thereof never saw the patient but once—that being at the time the prescription was written, and for which a fee of only one dollar was paid. Now, this is rather hard on the doctor, and a

"fat thing" for the apothecary, yet all things cannot be equable in this world. However, there are other phases of the "Conflict" to be considered. If a doctor be located near a good drug-store, and he send his office prescriptions there, the apothecary will, in turn, direct people inquiring for a good physician, to go to the one who favors his business interests. I have in several instances, had strangers sent to me for treatment who would have gone elsewhere if it had not been for the kind offices of the neighboring druggist. In fact, I console myself that in the way of "profits" I make as much through "mutual aid" as the druggist.

It has been decided in some of the higher courts that a patient who obtains a prescription from a doctor, and pays for it, secures ownership in the recipe, and can demand it of the druggist at the time it is filled or afterwards. This means that the patient owns the prescription, and can have it refilled as often and at as many different places as he pleases.

It is customary for druggists to keep the original prescription on file, and to give a copy, if called for, to the one having it filled, but this is not in keeping with the letter of the law. He should, when the prescription is demanded, put a copy on file, and deliver the original to the party having it filled.

Now, if a doctor does not want the prescription refilled, he should write on it "not to be renewed," then the apothecary would be bound to refuse a call for its renewal. Some physicians have their prescription blanks headed with the restrictive order; then, if they desire to have a patient renew the medicine, they can draw their pen across the restrictive heading. I like this method, though I admit it often subjects the patient to inconvenience, especially if the doctor be much away from his office. Pathological states change from time to time, therefore the physician should have an opportunity to see the patient, and, if thought best, to modify the treatment.

It is not an uncommon occurrence for a patient to lend another a prescription which has proved efficient in curing some well known complaint, for instance, tetter or diarrhœa. This is seemingly a great wrong; and is certainly dangerous to the patient.

Physicians justly aver that advice obtained from works on

"Domestic Medicine," and from a druggist's clerk, is attended with serious evils. They know that they do not lose practice thereby, for advice thus obtained is sure to lead to consequences that it will require the services of a physician to overcome. "Every man his own lawyer" leads to expensive litigation: so does it result in medical matters.

Physicians in villages where no drug store exists, have to be their own pharmacists to a large extent. This is a complication not devoutly to be wished, but unavoidable. In sickly seasons the rural practitioner spends little time in compounding and elaborating medicines. Often through lack of the best thing, an inferior one has to pass as a substitute.

The physician who has a fine lot of drugs to go to, should be a better practitioner than he who has to make a little go far. Besides, a good pharmacist is a valuable friend for a physician to consult in regard to the compatibility of certain drugs. I thus consult a pharmacist every few days; and often draw out valuable ideas. Physicians and druggists hold mutual relations that ought not to be disturbed by petty jealousies.

AGGRESSIVE POINTS IN ECLECTICISM.

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

When considering this subject in the October Journal, it was assumed that eclecticism in medicine is an entity, and that it consists in certain clearly enunciated principles; and that its first aggressive point is the proper and persistent presentation of these principles, and a thorough and steadfast adherence to its name and doctrines as long as they stand for fundamental truths.

To assume this is only to claim for it what has always proved a prime factor in the success of all great political, moral, religious, philosophical and scientific movements.

In the medical world there has been no exception to this—in some form or other, however strongly some may have objected to it. Nor can this course militate against the dignity and higher pursuit of medical science. As well might it be charged as derogatory to the christian faith because, on certain points, theologians arrive at different conclusions, and in a distinctive and associate

method promulgate the same. Such, indeed, may not be the *ideal* method of seeking truth; but such has it been, and evidently will be, until man has arrived at a higher state of positive knowledge than he has at the present attained.

Thus "regular medicine," so called, asserts that it is based on no fixed principle; it has no dogma; but simply follows experience, essentially affirming that medicine is at the present day no science, but a masterly empiricism. Herein it claims to be the only true system of medicine, *the* eclectic, because it applies for the cure of disease all approved methods without prejudice or limitation.

On the other hand homœopathy, as a system of medicine, is based on the "homœopathic law;" and on this basis challenges the investigation of scientific men and the people. What this law consists in is a well formulated idea, and places it before the world in marked distinction from any other system of medicine.

If then the statement be true that eclecticism in medicine is an entity because it is founded on the principles enunciated in the previous paper, we reiterate, with emphasis, that its first ground for aggression is in the dissemination of those principles, under its own banner, with the earnestness and candor and courage of believers in, and possessors of, great truths. But if it has no such foundation, then is it the greatest folly that it should make claim for recognition as a system of medicine—though it might indulge in the pastime of quibbling over the "points of honor" in "medical etiquette," and "codes," and "ethics,"—and its only place would be in the body of "regular" medicine.

The second aggressive point consists in the demonstration of its superior methods of preventing and curing disease. To be preserved from the attacks of disease, and when suffering from its power to be cured of its pangs, is the universal and intense desire of man. To accomplish this he seeks aid from every source that presents any reasonable hope of relief. And that system or method of the healing art that proves most effectual in its results can not long fail to be recognized by him. Possessing superior merit, eclecticism must be aggressive and progressive among thinking men. Failing in this direction it shall fail in all.

Again, eclecticism in medicine will become and continue aggressive in proportion as it shall advocate and attain to the broadest culture in the healing art. Every advancing step it shall take in behalf of thorough medical education, and against all forms of quackery, and every encouragement it shall give to fresh thought and unprejudiced investigation in medical science, and the culture of the broadest fraternity among those whose study and labor and profession is the prevention and cure or amelioration of the diseases of their kind, shall redound to its growth among men.

But there are yet two powerful aggressive points that eclecticism has so far, in a great degree, failed to make use of for the advancement of its own interests, namely: An organized effort to do its share of professional work for public charities; and secondly, in respectfully, but persistently, demanding our portion of those positions belonging to the medical profession, which are at the disposal of national, state and municipal government.

To accomplish this would require persistent work and unity of purpose. But in doing it, our system of medicine would be brought before the public, and its successful and faithful work would awaken the sympathy and approval of those aware of its accomplishment.

Granting that the representatives of eclectic medicine possess the qualifications assumed, there can be no sufficient reason presented why they should not be duly represented in all governmental positions. But those who are familiar with the methods of men in general have no reason to presume that they will receive such recognition without the asking, and praying, and, possibly, the demanding. Such disinterestedness is not common among men. But the history of all other good movements justifies the supposition that such efforts, well directed, would be crowned with success. And to act in this direction is the privilege, the duty, and the right of every organized body of eclectics until their rights and privileges are recognized and honored. This done, an epoch of the greatest moment to our cause will have come.

TRAUMATIC LESIONS OF THE BRAIN.

BY E. YOUNKIN, M. D.,

Professor of the Principles and Practice of Surgery in the American Medical College, St. Louis, Mo.

Concussio Cerebri.—What constitutes concussion of the brain? The older writers were by no means agreed in the answer to this question, and even now it may be accounted rash to entertain any thing like a decided opinion, notwithstanding the great modification in views that has taken place of late.

Littre regarded concussion, a collapse, a shaking up, and a disorganization of the brain. Nelaton, Fano, and Stromeyer, held that concussion was the result of capillary apoplexies, but these apoplexies were shown to be far from constant, and when present they were commonly found in the stage of reaction and not at the time of concussion. Nothnagel maintained that the vessels of the brain were strongly contracted by peripheral irritation of the sensory nerves.

Bruns and Fischer have noted the manifest circulatory disturbances—marked cerebral anæmia of the arterial system, and equally marked venous hyperæmia, as the sole constant attendants in concussion.

A man receives a blow on the head, or he falls from a height and dies, either instantaneously, or after lingering for a time in an unconscious state. The cranium is opened and no visible marks are found. In another case there is congestion of the cerebral vessels; in another there is extravasation of blood; in another a bruised like appearance; all are said to have died of concussion.

Now then, when "doctors differ," and where the anatomical conditions seem to disagree, how shall we be able to decide?

It has even been denied that there are fatal cases of concussion in which no injury of the skull or soft parts is to be found, but it does not seem possible to overthrow the great number of well attested cases of this fact. I cannot refrain from mentioning the name of T. Holmes who leans to the theory that in all cases of concussion there must be visible anatomical changes in the brain substance, and he holds that the cases reported to have died of concussion without visible brain lesion, have died of heart-rupture, or some other lesion overlooked by the examiner.

If a man dies of concussion without visible injury to the brain, I take it that we are allowed to accept the minimum as the basis of our reasoning, and hence, in concussion proper, we have to deal with cases in which extravasations and crushings do not properly belong. When these do occur they are component elements of the trauma, but complications of the concussion. They do not therefore constitute the essence of that condition we call concussion. I prefer to regard concussion as a severe *disturbance of function* without any considerable visible anatomical changes in the brain. The anatomical reports, thus far are purely negative and unable to account for the nature and character of the symptoms, and therefore, the most tangible view is that which supports a *molecular disturbance* in the finer nerve elements, giving rise to functional paralysis.

Whether we shall ever be able to differentiate between the lesion of capillary apoplexies, crushings, etc., and that which constitutes concussion, remains to be seen.

In blows or falls upon the head the brain impinges upon the opposite wall of the skull, by which it is immediately sent back and thus a series of vibratory movements takes place which permeate the brain; the intensity of the injury depending on the character of the blow and the part of the skull to which the force was applied.

Analysis of the Symptoms.—In severe concussion there is complete coma. Consciousness is lost as well as the power of appreciating an irritation, but the patient continues to breathe and the heart continues its action.

To diagnose is to be able to read well the symptoms.

In coma and loss of consciousness, we have the evidences of paralysis of the cortical portion of the cerebrum, which is due to a cutting off of the circulation to this portion of the brain.

By the action of the heart and the respiratory organs we are led to infer that there is no injury to the pons Varolii and medulla oblongata. In anæmia of the cortex, we may even have a stimulation to the heart and lungs, as there may be the greater flow of blood to the medulla.

Here again we are reminded, as stated in the previous article, that the cortical substance, in which the ganglionic element pre-

dominates, is the most delicate portion and offers less resistance than the medullary or fibrous substance. It is only in the extreme degrees of concussion that the heart's action and the respiratory centres becomes paralyzed, death taking place immediately.

The intensity of the injury may be measured according to the effects upon the heart and lungs.

When delirium is present it indicates a lesser degree of anæmia than coma, and coma is lighter than sopor, the latter of which is usually an evidence of compression.

Convulsions usually do not occur in concussion. If present the seat of the changes must be sought in the medulla and pons, the ganglionic cells of which are acted upon by influences due to a more profound anæmia. The fact that convulsions imply an irritation of thr pons, makes clear why it is that they are almost always absent in concussion. The voluntary movements do not take place but the innervation of the peripheral muscular system is not completely cut off, the sense of general weakness accounting for this condition.

The pupils may react feebly, sometimes not at all, and are dilated. The countenance is pale, and the extremities cold. If the heart's action is slow we have arterial anæmia and venous hyperæmia. The pulse may be 30, 40, 50, small and feeble, or, in lighter cases, medium in volume; the respiration gentle and superficial, often irregular, and interrupted by sighing. These circumstances depending upon the condition of the medulla oblongata and pons Varolii.

The above symptoms appear simultaneously with the fall or blow; they do not increase, but grow lighter, or persist in the same course, and any new nervous phenomena arising become evidences of complication.

The duration of concussion is most variable, lasting from a few minutes to days and even weeks, and still recovery takes place.

Every physician who treats injuries of the brain and cord, should have in his mind the general scheme of the nerve centres:

1. The gray matter of the spinal cord is capable within itself of producing the simplest reflex acts, by means of the spinal nerves, without the intervention of the higher senses. In other words, the cord may be taught to act automatically, to perform a series of muscular movements without the aid of the brain ganglia.

The head of a frog may be severed from the body, and if the skin be irritated by an acid, reflex muscular movements will follow. Robin has satisfactorily demonstrated the same upon a beheaded criminal.

2. The cerebellum is the connecting link between the spinal nerve elements and those of special sense, and the ganglia of the cerebellum are of a higher order than those of the cord. We have therefore besides the reflex type of action, the co-ordinate movements.

Muscular movements are herein guided by the organs of special sense, and in this way the equilibrium of the body is maintained.

3. The cortical portion of the cerebrum is a ganglion of the very highest order. Here dwells the will and all the mental activities that give to the physical organization its individuality. It is here the mental problems are marshalled and put into execution.

Mental disturbance almost always follows injury to the cortex and is evidenced by excentricities of demeanor—abnormal excitement, insensibility, coma, and somnolence. In mild cases of concussion recovery is sometimes rapid, in severe cases it is always slow. The pulse increases in frequency and volume, the respiration returns gradually to the normal; the first signs of improvement are deep inspirations; voluntary and reflex movements, and finally, consciousness, return. The pupils contract and respond to the action of light. The gradual awakening of the sensorium is recognized, and returning to consciousness, as by a dream, the function of the cortex is restored.

If the coma has been intense the afflux of blood to the brain is so rapid in the convalescence that irritability of the cortex may follow. Now the face becomes red and turgid, the patient becomes restless and tossing, the eyes glisten and the head aches. These symptoms may arouse the gravest anxiety lest meningits be imminent.

Transitory diabetes, albuminuria, or bloody urine may attend the period of convalescence.

Treatment.—In concussion there is an importance in giving the body such a position as will favor as much as possible the flow of blood to the brain, namely, the horizontal plane.

Irritation of the skin is useful, as sprinkling the face with cold water while making hot applications to the feet and legs, blankets being wrung out of hot water and applied to the extremities. Agents that will act upon the nerves of the mucous membranes, as ammonia and camphor, to the nostrils, are of use. One great fault is in attempting to do too much, rather than too little. All attempts to induce the patient to swallow whilst in a state of helpless insensibility should be avoided. An irritating enema of salt and vinegar may be administered. Stimulants should be cautiously administered lest their effects prove disastrous in the stage of reaction. If deemed necessary in great palor and prostration I fill my hypodermic syringe with whiskey or brandy and administer it subcutaneously. The most important treatment, is however careful and thorough warming of the surface of the body. The cold douche to the head, in palor of the countenance, is actually injurious. If the action of the heart is depressed and the patient partially conscious, wine may be given. If there is actual delirium and mental excitement with restlessness, cutaneous irritants should be avoided because they tend to increase the irritation in the central nervous system.

In coma no opiates, but in extreme excitement they become the remedy.

We have been dealing with anæmia of the brain and that too with the expectation of the reactive stage rising in proportion to the intensity of the coma. Now then, in reaction the special sedatives may be given with advantage.

In the flushed countenance gelsemium is the sovereign remedy. A bounding pulse may call for veratrum but this agent should be cautiously given and in small doses. If there is great restlessness, and tossing in bed, bromide of potassium is indicated, and I have frequently found chloral also work well in this stage. Irritating foot baths, with lye, mustard, etc., and cold applications to the head are also often beneficial in this stage.

Purgatives exert a derivative action in the intestines, but their chief use is probably in promoting watery discharges.

[TO BE CONTINUED.]

THE CAUSE AND CURE OF CORPULENCE.

BY ROBERT A. REID, M. D.

BLANCHE GRAY, "the famous fat girl," died recently in Baltimore, of fatty degeneration of the heart, and the authorities had trouble in keeping her out of the hands of resurectionists, three attempts being made to secure the body the first night after burial. Her weight at birth was 25 pounds, and her mother died a few days after the event, as might have been expected. When but 12 years of age she weighed 250 pounds, and was 56 inches in height. She never increased in stature since that time, but had expanded to enormous proportions. At the time of her death she was nearly 17; had been recently married, and weighed 584 pounds. During the last month of her life she gained 67 pounds; measured 81 inches around the bust, and 35 around the upper part of the arm. Twelve men handled the coffin with the greatest difficulty. Nothing is more common than to hear stout persons wish they were thinner, while not a few spare people wish for more adipose tissue. Part of this complaint arises, of course, from man's nature, never to be satisfied with things as they are, but some of it rests on better ground. A moment's reflection will show that the labor expended in lifting a weight of, 300 pounds say, up a flight of stairs, is twice as great as that required to handle 150 pounds. Then too, the muscles which bear this extra strain instead of being stronger are generally weaker, and furthermore the same pair of feet must bear this weight, and frequently suffer from it. For these and similar reasons fat persons are generally desirous of getting rid of the excess of flesh, especially ladies fashionably disposed, for "too much fat spoils the figure," as indicated in the case above alluded to—except for exhibition. With our domestic animals we have it largely within our own power to say whether they shall be fat or lean. A farmer knows how to fatten his stock, for as a rule to which there are but few exceptions, animals fatten when allowed to eat their fill and take their ease. With men, however, this rule fails as often as it holds good. Most lean men are notoriously large eaters (no allusion to any officer of the National Association is intended), while some are in addition excessively lazy. Other individuals attain immense size on a limited diet of the poorest sort. How often do we see two persons—husband and wife, two brothers, or two sisters—living and working side by side, partaking of the same food and drink, and apparently both situated under exactly the same circumstances in every respect, and yet one will weigh twice as much as the other. About all that can be said in the way of explanation of these cases is that one is predisposed to

embonpoint, the other not. Solomon said, "he that is of a merry heart hath a continual feast," and the world for eighteen centuries has confirmed the wisdom of Solomon by turning his words almost literally into the homely but expressive adage, "laugh and grow fat," for on every hand we see illustrations of the fact that a cheerful disposition favors flesh, and men of the Mark Tapley type, who "take the world easily," stay fat on the most limited diet—for it is worry rather than work that consumes the flesh.

Among the causes which seem to favor corpulence, though they do not produce it, are: Heredity—sometimes not showing itself however until after middle life. Sex; women being more apt to grow stout than men. Age; nursing babies and persons past forty being inclined to get fat. Wethers, capons, and oxen are usually fat, as are also eunuchs, so that genital anomalies certainly seem to favor the development of adipose tissue. Work horses seldom get fat, and persons who lead an active live avoid excess of flesh. On the other hand, the man who leads a quiet life will be likely to get fat, while very fat men must be more or less quiet, since an excess of flesh hinders the taking of exercise. The enormous sale that "anti-fat" nostrums have had affords ample proof that fat people, as a class, are exceedingly anxious to be rid of their excess, and they could and would, were it not that the two necessary requirements—eating less and taking more exercise—require too great a sacrifice on their part. Self denial they find disagreeable, and in this they resemble those who seek a royal road to learning, or an easy way to wealth. That the use of "Anti-fat," however, is not without its danger, is shown by the fact that several deaths have resulted from it. The chief ingredient is said to be a kind of sea-weed which contains considerable iodine. Earlier physiologists taught that sugars and starches were the fat producers, but more recent investigators tell us that the bulk of fat is a product of the decomposition of the albumen in the food, though no doubt fat is to some extent eaten and directly deposited in the tissues as such. It does not follow from this that if a man were to live on albuminoids he would get corpulent, for the greater portion of it would be consumed in sustaining life, and only the residue could be stored up, but if sugar and the farinacæ be taken with it they protect it from burning up, and thus the residual albumen would be much larger and, cæteris paribus, the person would put on flesh. Persons who are burdened with excessive flesh, and seek to reduce it, must consider not only how much they eat but what they eat, since quality of food ingested is of as much importance as quantity. The quantity should be as small as is consistant with health and the

satisfaction of the natural appetite; most of us eat much more than we have any need of. He who undertakes to reduce his flesh should partake but sparingly, if at all, of mutton and beef steak, salads with oil, sugar, bread, eggs, milk, desert dishes, soups, potatoes, etc., while he should abstain altogether from pastry, butter, creams, ices, nuts of all sorts—chestnuts are said to be particularly fattening—sauces, pork and all fats. Chocolate and cocoa are decided fat inducers, but tea and coffee without sugar or milk, may be taken in moderation. The Rhine wines, or any acid wine, may be used in moderation, but all malt and strong alcoholic liquors must be given up.

So far as is known, William Banting was the first person who faithfully followed out for a year, the strict dietary recommended by his physician,—Harvey—and by so doing he reduced his weight from 202 pounds to 156 pounds, and diminished his circumference by $12\frac{1}{2}$ inches. This method of treating obesity has since bsen known as Bantingism. The details of his menu can be found in many medical works. There is no doubt that any intelligent person who will impose some restraint on his appetite, avoiding the forbidden foods and drinks, and take a proper amount of regular exercise, may materially diminish his own weight and bulk. Of all medicinal means we would regard the iodide of ammonia as the most hopeful, though all the iodide group are reputed of value. Certain mineral waters also enjoy some repute as reducers of flesh, but it is more than likely that as much or more credit is due to the exercise and plain diet, which are enjoined at most "water cures," as to the water itself. Whatever mode of treatment the person of Falstaffian proportions adopts, failure will be certain to result unless unusual patience and perseverance are exercised.

A COLLOQUY ON THE UTERUS.

BY JUNIPER.

MEETING old Mother Dolby the other day, she remarked in the course of conversation that "our modern women are becoming very smart nowadays." "Why," said she "our mothers never knew that they had such things as wombs, only as they were reminded of it by the struggles of a child in it, and, by the by, if a fœtus accidentally got there, they always held on to it until nine months, when they were compelled to give it up. But, Oh! Dear!! It seems that in these days, young women can't get along without having their wombs set, braced, scraped, slashed, cut, scarified, skewered, cauterized and the Lord knows what else, and, if a baby manages to find a lodgment there it is

teased with a knitting-needle until it gladly leaves its abode for more satisfactory quarters."

Said I, "my good woman, this is too true. The womb is a little harmless organ stowed away in a very secluded place, it is perfectly inoffensive, having no special function save at a certain time in life, but you must remember that in these days we have a class known as gynæcologists, who make this organ their special study, and the modern woman has loaned her uterus to these men for the good of science."

"Science," said Mother Dolby, "science must be anxious for notoriety. Science has been trying to brace up the womb with all kinds of traps from a spinning wheel to a steam engine. Now sir, I happened into a surgical shop the other day, and I actually counted one hundred and fifty different kinds of pessaries. Some like a horse shoe, others looked like a boot-jack, some were small, and some so large as to be worn only with the largest hoops. Now I don't believe the vagina was made for the use of fireworks or for a Chinese toy shop."

"Well madam," said I, "it is held by some practitioners that about all diseases which occur in females arise from the uterus."

"Yes," said the old lady, "I know it is awful easy to turn a modern woman over, introduce a speculum and pretend to discover something wrong with the womb, even though nothing is the matter. How can the woman tell? Oh; these doctors are smart, but I think a great deal of this uteriue business is an unmitigated humbug."

"Well," said I, "it may be that some doctors, eager for notoriety, are afflicted with gynæphobia, and possibly it would be better to regard the uterus in its old light."

"I tell you now," said she, "I am opposed to all this new fangled business. Why, to let them go on in this way, they will want to get up a patent baby next."

Having no time to continue the conversation longer, I passed on.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

A stated meeting was held on the evening of the 13th ult., at which there was a good attendance and marked interest. Dr. R. W. Geddes referred to the present status of medicine, questioning whether the actual results attained, the progress made,

had been as great as was generally supposed, or could be expected. In looking back over a long and eventful life he recalled various theories, and methods proposed, once held in high esteem which had given place to others, in some instances their very opposite. Some of these had contained much that was good and had promised to become permanent, but they had finally lapsed into comparative disuse and their places in popular favor had been taken by others which really possessed less to commend them. In spite of our vaunted great discoveries as to the nature, and medium of communication, of various diseases; our improved methods of diagnosis, etc., he was not aware that the rate of mortality had been materially diminished. He alluded to the loose and slip-shod method of prescribing in vogue with many physicians, or the, almost equally to be condemned, he thought, plan so frequently pursued of trusting altogether to the restorative powers of nature, giving only a placebo, or what amounted to that. Finally he made an appeal for a more earnest and painstaking devotion to the work of alleviating suffering and saving or prolonging life, realizing more fully the responsibility that rests upon physicians.

Dr. Miles took a somewhat more cheerful view of the subject, alluding to various departments of medicine and surgery in which undoubted advancement had been made within the last quarter of a century. Anæsthesia was a great boon certainly, and various diseases had been shorn of much of the dread with which they were once regarded. Variola was such a disease, fatal as it once was, under the treatment adopted in these days, it was not attended with great fatality. He alluded to the operation for stone by Bigelow, of this city, and ovariotomy, declaring them of inestimable value to modern surgery, and thus to the human family. He stated that the expectation of life as shown by insurance tables had increased by three years within the last fifty years.

Dr. Reid alluded to the stride taken in the matter of abdominal surgery. Formerly he was considered a rash man who attempted to meddle much with abdominal wounds, while laying open the abdominal cavity for the repair of wounds to the contained viscera would have been regarded much the same as decapitating the man. Now, however, a surgeon would be regarded as remiss, if not indeed culpable, who meeting a wound involving injury to the intestine, should "leave it to nature." That was simply leaving it to certain death. No doubt ovarian tumors were as frequent fifty years ago as now, but they were far more fatal. Now the mortality attending the operation for their removal was only three or four per cent. in certain hands.

Dr. Gerald related a case of laryngeal diphtheria in which tracheotomy was finally done as a last resort. The struggle for breath before the operation was agonizing, and though a fatal result took place a week later from the systemic poisoning, symptoms of which were evident from the first, the actual suffering during that week was almost nil, and death occurred quietly. So evident was the relief given by the operation that the parents expressed the greatest gratification that it had been done, feeling only a regret that it had not been done earlier, simply for the relief afforded. The operator had done the operation forty-one times with thirteen recoveries.

Dr. Newton gave the details of a case of neuralgia which had proved most obstinate and troublesome. The patient, a lady, had had no less than twenty-three physicians, and like the woman of biblical history "was nothing bettered." Dr. Newton was first called in the night, and found the patient suffering intense pain in the hypogastric region, which he was informed previous medical attendants had termed neuralgia of the bladder. She objected to morphia sub-cutaneously on account of the unpleasant cerebral and gastric disturbance which, with her, invariably followed its use. He however combined atropia with the morphia and immediate relief ensued, not followed by any unpleasant after effects. The patient was supposed to be approaching the menopause, and she and her friends believed the paroxysms to be an expression of the perturbation experienced by most women at that time, and the absence of the menses for 3 mouths therefore excited little attention. On examination he found a condition of things very suggestive of pregnancy at about the third month, and alluded to that as a suspicion, rather than a positive opinion, a possibility which the patient was very loth to accept, as she had experienced none of the usual symptoms. A little later the diagnosis was confirmed and the patient went on to full term, in the meanwhile, however, suffering frequent paroxysms, appearing at different times as hemicrania, neuralgia of the bladder, (?) intercostal or lumbo-abdominal neuralgia, or enteralgia. All the usual remedies were tried but generally it became necessary to fall back on the morphia and atropia so intense was the suffering. After delivery there was freedom from the painful attacks for some time, and the hope was entertained that they had receded spontaneously. Quite recently, however, they had re-appeared, having lost none of their former severity in the interval. He invited suggestions as to treatment.

Dr. Reid referred to a case which seemed in some respects analogous. The patient, a lady, for several years had suffered from attacks of neuralgia of the fifth pair, recurring every few

days, one month being the longest interval. All the usual remedies having been repeatedly employed, and without any permanent benefit, he resorted to the hypodermic injection of chloroform, as first proposed by Bartholow, depositing it as closely as possible to the affected nerve, or rather the one (infraorbital) in which the paroxysm seemed to take origin. Prompt relief followed, which had continued until the present time, a period of three months. From five to fifteen minims of pure chloroform—he used the latter quantity—deposited in the immediate neighborhood of the affected nerve, he believed to be a most effectual method of treating old neuralgiæ. Had this failed after a fair trial he had intended to administer Duquesnil's granules of aconitia, as recommended in the MASSACHUSETTS ECLECTIC MEDICAL JOURNAL for August. He also spoke of gelsemium as a remedy which, given in a considerable dose, usually alleviated and sometimes cured, and he also attached much value to the powerful galvanic current.

DR. MILES said that he believed it was Hammoud who advised the *deep* injection of morphia, e. g., in sciatica. While morphia was always paliative it was also, in a certain proportion of cases, curative. He recalled the case of a well-known actor who called upon him suffering from a severe attack of neuralgia, to which he was subject. He was billed to appear in an important character that evening, and for the purpose of securing immediate relief morphia was injected. A year later Dr. Miles learned that there had been no return of the malady.

DR. GREEN raised the question, whether or not in attempting to deposit the medicament in the immediate neighborhood of the painful nerve, great care should not be exercised to avoid inflicting injury upon the nerve itself? He inclined to the opinion that by puncturing the nerve serious results might follow. He related the case of a friend who visited this city from the West, and each day at about 12 o'clock, suffered a severe neuralgic attack which was attributed to the influence of the east wind which was generally blowing by that hour. (Would not its periodicity suggest malaria as a probable cause?—ED.)

DR. REID said that in using the injection mentioned above the question had arisen in his own mind as to what the results would probably be in case he should inadvertently puncture the nerve. The authorities whom he had been able to consult were silent to a man, as to the existence of such a danger, and he concluded that if any existed it was trivial. Furthermore if ordinary care was exercised the nerve need not be punctured, especially those superficially placed, since it was advised to deposit the remedy in the neighborhood of the nerve, not directly upon it. He believed

no serious results would follow should the nerve—e. g., the sciatic—be punctured. Nerves undergo repair like other structures, as was seen after incising the nerve as had been done for the relief of the very difficulty—old neuralgiæ, especially tic douloursux—under consideration. Dividing the nerve gave immediate relief, lasting in some cases for a considerable time, but sooner or later the cut ends united and the patient relapsed into his former condition. Therefore when it was found necessary to resort to operation now, a portion of the nerve—a half inch or so—was excised. He mentioned a case seen in the London Hospital wherein the patient fell against machinery in motion, and sustained a large lacerated wound in the upper third of the arm, which laid bare the bone. The large vessels escaped, but the median nerve was seen completely severed. In dressing the wound the two ends of the nerve were brought together and retained by stitches. There was total paralysis except of these parts supplied by the musculo-spiral. After a considerable interval—some months—recovery of the arm was complete, showing that union of the nerve must have taken place.

Dr. Gerald referred to the practice in vogue among horse farriers of dividing the nerve in certain painful diseases of the hoof in horses. It was found that the wound to the nerve invariably healed.

Dr. Green remarked that incised wounds of other parts pursued a different course from punctured or lacerated ones, and no doubt the same applied to wounds of nerves. He therefore regarded the puncture of a nerve as an accident to be regretted.

Dr. Newton also inclined to the opinion that a clean cut wound to a nerve would do better than a punctured or lacerated one, and as the injection was claimed to be effectual if the medicament was deposited in close proximity to the nerve, he certainly would prefer to be on the safe side by taking care to avoid contact with the nerve trunk. He inquired of Dr. Reid if there was any other danger to be apprehended in pursuing this method.

Dr. Reid replied that so far as he could learn, the only accident that could attend the injection of chloroform was the occurrence of localized inflammation, and this was said to be less frequent than after injection of other remedies—e. g. morphia.

Dr. Spencer spoke of the use of hot water—very hot—used in the same way, and for the same purpose as the chloroform. He had never employed the latter in this manner, but he had the former and could vouch for its efficacy—at least in the cases in which he had resorted to it. He cited a case in which he introduced two injections, of a half drachm each, of water very near the boiling point, into the substance of the deltoid close to

the shoulder joint, for the relief of neuralgia seated there. The effect was eminently satisfactory.

Dr. Reid said that beside chloroform and hot water, ether, alcohol, and other agents had been similarly used, but the first named was regarded as the most uniformly successful.

Dr. Miles said that he was favorably impressed by the injection of gelsemium, as proposed by Professor Younkin, of St. Louis, in an article entitled "Traumatic Lesions of the Brain," in the November issue of the Massachusetts Eclectic Medical Journal. He would expect the same to be useful in the treatment of neuralgia, since the same agent had proven very useful when administered per ovem. In connection with gelsemium he added his testimony to the value of gelsemium and morphia combined, as recommended by Dr. Spencer at a recent meeting. He had tested the two repeatedly, and invariably obtained a result that could not be attained by the use of either agent alone. In this combination he used morphia $\frac{1}{20}$ to $\frac{1}{8}$ grain with a few drops of gelsemium, and the effect produced was fully equal to that following the injection of $\frac{1}{4}$ grain of morphia.

Dr. Spencer said he also found chloroform the most effective and reliable agent in his hands for the expulsion of tape worm. Given guarded in milk, it had never failed to expel the intruder entire.

Dr. Green had also given it in milk for the relief of angina pectoris with good results.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

SPONGE TENTS.

Dr. Albert H. Smith. It is not necessary to dilate upon the necessity of mechanical dilators for the neck of the uterus, both as a means of diagnosis and as an important therapeutic measure.

The original sponge tents were made from a flat piece of sponge, saturated with wax and pressed flat between pieces of marble. This form of tent is comparatively useless, as it expands in one direction only. The first suggestion of the present form was, I think, by Dr. Sims, in his work on Uterine Surgery. His method consisted in immersing a conical piece of sponge in a strong mucilage of gum arabic, impaling it upon a wire skewer and winding it tightly with a cord, after which it was hung up to dry, when the cord, and skewer were withdrawn and the tent smoothed with sand paper. If the cord was wound on the sponge with sufficient tightness to give the tent useful expanding power, great difficulty was experienced in withdrawing the stylet. I was led to make a few changes in the method, and

now employ a cylindrical piece of sponge, which is saturated with water only, and, without any stylet, is wound with a piece of fishing line, to which a six-pound weight is attached; this compresses it thoroughly, and its form is easily given by the fingers during the process of rolling; the surface should be made as smooth as possible, by means of sand paper.

The tent should be of uniform size from end to end. If it is conical, the tent is introduced as far as possible; but only the small part, without much dilating power, enters the internal os, and it is not unfrequently withdrawn unexpanded, while the external os and the cavity of the cervix are widely dilated. The sponge selected should be strong and fine. I have seen tents made from coarse, rotten material, which would break during the extraction, leaving portions within the cavity of the uterus.

The introduction of medicating materials into an internal cavity of the tent is objectionable, as they usually corrode the sponge and the space and loose winding necessary to allow the removal of the stylet reduce materially the dilating power. The curved shape is useless, as the uterus can be straightened before the insertion of the tent, and less force is needed for the insertion of a straight one.

To prepare the uterus for the introduction of a tent, first use a dilator of soft metal, or a graduated wax bougie, to straighten the cervix and measure the length and calibre of the uterine cavity, noting tortuosities, etc.; then rapidly introduce the largest tent possible, having first coated it with an enameline material, as soap, and immersed it in a box of salicylic acid in fine powder, which is to be rubbed in thoroughly, to form an antiseptic paste over the tent.

A sponge tent thus prepared may be allowed to remain in situ for forty-eight hours without developing any unpleasant odor, unless there is breaking down tissue which may overpower the disinfecting powers of the acid.

For ease in inserting, I have had constructed a peculiar powerful forceps to hold the tent clamped tightly, and enable the operator to pass it rapidly to its position. Hot water injections after the tent is in position will expand the sponge rapidly and fix it in about a minute. If pain follows the insertion, it can be controlled by opium suppositories.

Time of removal: If the tent is removed at the end of twenty-four hours, it will cause hemorrhage, because the spongioles have buried themselves into the cervical tissues, which grasp them tightly, and a forcible extraction will drag away portions of the uterine tissue and leave a raw and absorbing surface. But at the end of forty-eight hours the tent comes away easily, without any

bleeding. The contractile power of the uterus still remains at the end of twenty-four hours, and the presence of a finger or application in the cavity of the uterus causes rapid contraction. At the end of forty-eight hours the uterus is paralyzed, all pain has ceased, and local irritability is less. When the tent is removed, wash out the cavity of the uterus with tepid, salicylated water, and, if necessary, introduce a second tent.

Among the advantages of the sponge tent are its slowness of dilatation—not slowness of expansibility. The power of the laminaria tent is greater as a dilator, but it will slip from the uterus as soon as it has ceased expanding, while the sponge tent will remain as long as it is wanted to. The sponge has also a disintegrating power over morbid surfaces. The healthy tissue will contract again, but diseased structure will not contract but will slough off, its vitality being destroyed. The sponge being porous, discharges will pass through it.

The usefulness of the sponge tent is for both exploratory and therapeutic purposes. It causes less pain than the laminaria tent, and after its removal there is less tendency to contraction, and is thus more satisfactory for exploratory preparation. The sponge has a stimulant effect on the uterine parenchyma, and in cases of chronic metritis and hyperplastic enlargement it will cause a reduction of bulk. In one case, after the prolonged use of internal applications of iodine, nitric acid, etc., the repeated use of sponge tents resulted in a complete restoration to the natural size. In cases of stenosis the laminaria tent may be preferable, and I prefer it to cutting operations or the use of powerful steel dilators. In one case, years ago, I introduced a sponge tent, in my office, and allowed the woman to walk home and keep about her daily duties. The menstrual flow came on two days later, entirely without pain, for the first time in the patient's experience; the flow escaped through the sponge and the latter was then removed. Conception occurred before the next menstrual period. The sponge tent is also the safest agent for the destruction of granular growths of the endometrium. A patient had been bleeding profusely at every period for three years; supposing a polypus to be the cause, a sponge tent was introduced, to secure dilatation; a finger was introduced into the uterus but finding no polypus, more tents were passed to the fundus; fungoid growths of the endometrium were broken up by the tents. I was disappointed in my expectations of finding and removing the supposed cause of the hemorrhages, but was agreeably surprised to find the patient remain well after the uterus contracted. Another patient was sent to me from Boston, for diagnosis only. I obtained permission to use a tent for exploratory

purposes. I dilated the uterus with the largest sponge tent, passed to the fundus, introduced my finger and found fungosities on the anterior wall, but the means intended for exploration resulted in a cure.

In a case of polypoid pediculated growths, I at once dilated with sponge tents, after the use of the wax bougie; the finger found a pediculated growth as large as a hen's egg, but the tent had disintegrated it, and it could be removed by the finger without instrumental aid.

Dr. B. F. Baer reported the following case: In September, 1880, I was asked by Dr, Ch. K. Mills to see Mrs. M. K. She was aged thirty-two, and had had six children, the youngest having been born four years previously. The last labor had been tedious, from uterine inertia, and was followed by a smart post-mortem hemorrhage. Since then she had suffered from a recurrence of metrorrhagia about every two weeks, lasting from a week to ten days each time, and very profusely. The blood loss was attended by severe uterine tenesmus. In the intervals between the hemorrhages there was a constant mucous leucorrhœa. She complained of pain in the hypogastrium and back. Her appearance indicated anæmia and loss of flesh.

Physical examination indicated the following condition: The perineum was slightly lacerated and the vagina relaxed. The cervix uteri was large, soft, from congestion, and lacerated bilaterally, with a swollen, everted and abraded mucous membrane. The body of the uterus was hypertrophied and retroverted, with a slight flexion at the junction of the body and neck. At the point of flexion there was such rigidity of the posterior wall, probably from atrophy, that, when the uterus was replaced, it would return to its old position as soon as released. The sound passed three and a half inches, and proved the uterine cavity to be dilated, and its walls soft and rugous. The internal os, the point of flexion, was quite narrow.

This lady had received proper general medical treatment from her brother, who is a prominent physician, and from others, and during the year previous to coming under my care, she had received local treatment, but with no benefit, so far as the metrorrhagia was concerned.

I diagnosticated, as the cause of the hemorrhages, a hypertrophied, granular condition of the endometrium, the result of subinvolution and retroversion of the uterus, with possibly a polypus.

The plan of treatment pursued was absolute rest, vaginal injections of hot water, reposition of the uterus by placing the patient in the knee-chest position, and sacrification of the cervix;

followed by an application of Churchill's tincture of iodine once every six or seven days. Ergot, and the tincture of nux vomica, with quinia and some other remedies, were administered internally. The constriction at the internal os made it difficult to medicate the cavity of the uterus properly, and it was thought more prudent to await the result of less radical measures. The result, however, was not gratifying, for the hemorrhages continued to recur with as much, if not more, severity than before. I now introduced a laminaria tent and allowed it to remain about twenty hours. I then removed it with some difficuly, for it was grapsed firmly by the internal os, the contraction at which point it had failed to fully overcome. The canal was now patulous enough to permit me to pass the dull wire curette, with which I removed, very easily, a large quantity of hyperplastic or granular mucous membrane. But my patient's temperature was up to 100° before I removed the tent, and her general appearance indicated trouble ahead. It is sufficient for my purpose to state that in spite of every effort to combat it, the temperature continued to rise, and the case gave every evidence of septicæmia, with metritis and perimetritis, and went from bad to worse, until death took place, nearly three weeks after the introduction of the tent. Full precautions were taken to guard against septicæmia.

Why did my efforts to benefit this lady end so disastrously? Ought I to have waited, and given a further trial to less dangerous means of treatment? The patient had been in the care of a competent gentleman for a year before, and he had pursued that plan most faithfully, with no relief, and my own treatment of the case, before I introduced the tent, had continued over a period of two months, and with a like result; the patient was going down hill, and something more had to be done.

Was the result due to the use of the curette? I do not think so, for the material removed was soft and degenerated. It would have been bad practice to have allowed it to remain.

Should I have used a steel dilator instead ot a tent? The tent was used for the purpose especially of softening the indurated tissue at the internal os. The steel dilator would not have done that; and it was very desirable that the os shonld be made patulous by softening of the tissues, so that the body would contract and disgorge the vessels in its walls. The steel dilator would not have fulfilled the indication so well, but it would have been a less dangerous means of dilatation.

Was the operation deferred too long, until, from the loss of blood, the vessels were eager to absorb any fluid which came within their reach, and the blood itself so disabled that it could not purify itself when poisoned? I believe that comes near the truth.

I do not report this case as an argument against the use of tents, but because I belive all such cases should be reported, so that we may not be led to regard dilatation of the cervix as a simple measure, devoid of danger.

This is the only case of death I have had to follow dilatation with the tent. I have never had a case of death to follow dilatation with the steel instrument.

Dr. E. L. Duer described a method of preparing a sponge tent expeditiously. Take a clean sponge, of cylindrical form, dip it into melted wax, or paraffine, and compress it into form as it cools. Tents may be introduced, when speculum and forceps are not at hand, by wrapping the string attached to the tent around the forefinger of the right hand and inserting the thumb nail into the base of the tent. The first and second fingers of the left hand are passed behind the cervix; the tent is then introduced into the os uteri, and the left hand being quickly transferred to the abdomen, counter pressure is made and the tent forced home. Pain following the insertion of a tent is frequently the consequence of pressure upon the fundus, and if the tent be withdrawn one-fourth of an inch the pain will be relieved. The sponge tent is, without doubt, one of the most powerful means for the reduction of uterine hypertrophy.

Dr. Paul F. Munde agreed with Drs. Smith and Duer, that sponge tents were indicated in uterine hypertrophy and granulations of the endometrium. He has never had any bad results from dilatation of the uterus by mechanical dilators of any form; but he has withdrawn very offensive sponge tents after twenty-four hours' use, and feared danger might be near and wished to avoid it. He can get tupelo tents of any size; they dilate, not too rapidly, but regularly and strongly, and he preferred to use them, as he was afraid of sponge tents.

In a conversation at Richmond, Va., last May, Dr. Smith said that he had views of his own, and thought the sponge tents were unreasonably looked down upon.

Dr. Munde agreed with Dr. Smith as to the method of application. He always made use of three steps in the insertion of a tent. He placed the patient in Sim's position. The cervix should be exposed properly and seized by a tenaculum; then the tent, being properly held in a strong forceps, is dipped first into a jar of liquefied carbolic acid, then into a jar of vaseline, and then rapidly passed into the previously cleansed uterine cavity; quickly, if the tent be not too large; if there be any point for it to catch upon, it will catch. At the end of twenty-four hours he always removed the tent, and they were pretty nasty sometimes. He always dreads some bad result, but has been fortunate, so far,

and has not seen any. He now uses the tupelo tent, and treats it in the same manner that he previously did the sponge tents. It is easily introduced, it becomes fastened in a few minutes, its effects are good; the patient does not complain of much pain; it does not imbibe so much as sponge and does not sink into the uterine tissue as the latter does, but it is not so efficient in reducing the size of the hyperplastic uterus, for there is nothing else so good as sponge for that. After a tent is removed the uterus should be thoroughly cleansed.

In cases where the sponge was successful for the relief of sterility, a tupelo or laminaria tent would probably have done just as well. A sponge tent increases discharge and causes local irritation, and its removal involves loss of epithelium, and for these reasons it is not generally so good for relief of sterility. As the sponge tent is rough, it sticks, and is introduced with great difficulty if it be of large size in proportion to the calibre of the internal os.

It is a maxim, that a sponge tent must not be introduced into a fresh wound, and does not the dilator or bougie cause a fresh wound? The sponge tent is undoubtedly the best for hyperplasia, but all the other indications are filled by the laminaria, or tupelo tents.

He had experienced the same difficulty as Dr. Smith, in the tapering tent, and had, therefore, cut off the small end of the tent. A Molesworth dilator is open to the same objection in some cases, not dilating either os, but expanding largely in the space between; the conical tent does the same thing: blunt sponges are very difficult to insert; the laminaria has dilated in the cavities of the cervix and body of the uterus, with an hour-glass constriction at the internal os, and it was withdrawn with great difficulty. The tupelo tent dilates more equally, and also more slowly; sponge tents are also hard to withdraw, and should be twisted before traction is made.

Dr. Duer suggested twisting in one direction only, allowing the grasping instrument to be drawn in by the shortening during twisting, until the tent was entirely loose. On one occasion, a piece of tent broke off and remained inside the uterus, but it was extruded by uterine action, and was found in the vagina the next day.

Dr. J. Cheston Morris had found out the uselessness of conical tents, unless inserted in a reversed position; he prefers the cylindrical form. The cases of death from sponge tents were probably due to the use of three successive tents at intervals of twenty-four hours; he prefers to allow a tent to remain from forty-eight to seventy-two hours; he has never had any serious results; but in

consequence of the tents being disagreeable and troublesome, he now uses Molesworth's dilator, and with great satisfaction; but the are badly made, they leak, and are apt to break under necessary pressure. In one case he burst three dilators before he succeeded in effecting complete dilatation. He agreed in the usefulness of this method of treatment for hyperplastic enlargement, and thinks that in many cases it acts in imitation of a miscarriage; expansion, then contraction, with the aid of ergot, will cure chronic metritis and enlargement. He is now using large soft-rubber stems to effect a similar purpose; they graudally overcome the resistance of the internal os, and expand it. He has never used the tupelo tent. In his opinion, it is far safer to allow a tent to remain two or three days than only one. In removing a tent, push in slightly at first, and then make traction with a curving motion. He thinks the position on the back far easier for introducing a tent than Sims' position. He has introduced tents in the manner described by Dr. Duer, without speculum or forceps.

Dr. Munde. Where should tents be applied? At the office? What should be done with the patient after the insertion of a tent? It is very reprehensible to introduce a tent unless a patient can be kept in bed for one or two days after the removal of the tent; this is a very important point. He is accustomed to introduce all tents in the Sims position, and through Sims' speculum, and has not succeeded so well on the back, because the tent easily becomes rough if not quickly pushed to its place. He introduces the sound, and frequently the hard stem, on the back, pushing the uterus down over the stem by pressure above the pubes.

Dr. A. H. Smith. Success in the treatment of sterility by means of sponge tents depends upon the relation of the time of insertion to the menstrual period. If used just before the period, it dilates the uterus and expands all its malign influence before the time at which the uterus is expected to receive the impregnated ovum. The tupelo tent fails in fulfilling the indications, as it would not allow the flow to pass through it (unless perforated), and it could not pass beside it, if large enough to be of benefit. He had commenced to use tupelo tents when they were first introduced; he found them very spongy and soft, with slight dilating power, and easily constricted by the internal os; he did not find it to have any advantages over the laminaria or sponge tent; it has great powers of absorption, and had the appearance, when new, of having been used and dried again. ("The tupelo tents are much better made now, are hard, smooth, and have greater power."—*Dr. Munde.*).

Respecting the use of the boguie before inserting a tent: The

boguie does not cause a tear or abrasion of the surface. The wax boguies are flexible, pointed and graduated in form; he has never seen bleeding follow their use; he has never used a steel boguie. He considers that there is far less risk than from the use of mechanical dilators, of which he is much afraid.

There is no difficulty in introducing a cylindrical tent, as it dilates uniformly from end to end, and a smaller tent answers the purpose, as the important point is the internal os; that is where the largest amount of tent is needed. He prefers the position on the back, the relation of parts is more natural and the uterus is more easily straightened by pressure on the fundus above the pubis, making introduction easier.

Tents should never be introduced in the office; it is very reckless; the patient should be put to bed and cleansing injections should be used.

The further discussion of mechanical dilators of the uterus was postponed to the meeting of March 2d.

SELECTIONS.

THE TREATMENT OF THE SEQUELÆ OF SUNSTROKE.

As is well known, Professor H. C. Wood is an authority on this subject, and what he says is well worthy of careful attention. Dr. Wood is not a therapeutic trifler; when necessary, he is very heroic in his line of treatment, and he considers the sequelæ of sunstroke one of the instances where trifling will do no good, and the most energetic measures must be instituted.

The usual symptoms, such as headache, dizziness, mental hebitude, and the like, which are intensified in summer, and by excessive artificial heat, are all due to chronic meningitis, either about the base or over the vault of the cerebrum.

Without either syphilis, tubercle, sunstroke, or some other injury, as a cause, he considers meningitis as almost an impossibility.

It may be that sunstroke will act as the exciting cause, and set up the disease, when a latent syphilis has been in reality the predisposing cause.

There is no tendency to spontaneous cure in these after effect, though treatment can do much, but it must be energetic. Counter-irritation with mercury and iodide of botassium are his sheet-anchors. If a city were on fire, you would not attempt to extinguish the flames with a whole lot of little squirts; neither

would Dr. Wood expect a blister to produce sufficient counter-irritation to cure a case of chronic meningitis. He uses the actual cautery (Papuelin's), and he uses it repeatedly; as fast as one sore heals, he uses it again and again until he has cured the disease.

On the raw surface he applies antimonial ointment for a few hours; in a few days the nape of the neck presents a sight to behold, but it cures, and that is what we are after. It leaves a scar for life, but it cures the patient. If possible, he sends the patient to a cool climate in summer time. The Rhigolene spray directed on the part will so obtund its sensibility that the cauterization will be painless.

PSYCHOLOGY.

We have had occasion in two recent issues to refer to the establishment of a society for psychological research in England, and to express our belief that its labors will result in placing upon a scientific basis those phenomena that have hitherto been relegated to the domain of quackish spiritualism.

That these peculiar occurrences do really happen, and are not merely the fabrications of unreliable persons, we have every now and then indubitable proof, and such cases as the following are by no means of uncommon occurrence.

The daily papers tell us that at three o'clock one morning Dr. Mackey (a prominent physician of Washington) rose suddenly from his bed and began pacing the floor, which disturbing his wife, she asked what ailed him. He answered that he had such a horrible and vivid dream that he could not rest after it. He had dreamed that his friend, Dr. J. Marion Sims, of New York, appeared to him, with a face like that of a corpse, and said to him: "James the Fourth is dead." Dr. Mackey said to his wife that the dream so depressed him that he would not go back to bed again, so he went down to his office and sat there at work until after daylight.

Before breakfast a telegram was brought him announcing Dr. Sims' death at 3 a. m., exactly the hour when Dr. Mackey, rousing from his dream, had looked at his clock. Looking at it again, he found that it had stopped at three o'clock.

Dr. Sims was in the habit of calling himself James the Fourth, as he was the fourth of the same name in his family.

In our own experience we know of the case of an officer of the United States Navy, who, after an absence of three years, arrived in New York. On the night of his arrival, he awakened from sleep in a state of agitation, having dreamed that his most intimate friend in Philadelphia, whom he had last heard from in good

health, had just died. He was unable to compose himself, and taking the first train to Philadelphia, found that his friend had died at the hour of his dream. We can vouch for this story.

Such phenomena force themselves upon us as being more than mere accidents; what the nature of the intimate relationship that thus seems to exist psychically between persons widely separated is an extremely abstruse problem, and one that may never be solved, bnt it is exceedingly interesting and is, beyond question, well worthy of careful scientific investigation.

SYPHILIS IN THE FAMILY.

We take the following from the *Jour. Cut. Ven. Diseases*, July, 1883.

The probagation of syphilitic disease by means of the family relations may take place directly or indirectly, the husband being usually the responsible party. In the former case, the infection is generally communicated, not through the primary lesions, but, after they have healed, through the mucous patches so commonly met with in the mouth and throat, or the eruptions which spring up around a cicatrized sore, before the appearance of secondary symptoms.

When a married man has contracted syphilis, his wife, unless proper precautions are taken, is inevitably condemned to share his misfortune. Marital relations should be absolutely interdicted during a month or two months, the husband observing the most scrupulous cleanliness in order to obviate any possibility of danger. Mercurial treatment should be energetically employed, and the cicatrization of the sore should be promoted by cauterizing with nitrate of silver, and even with the acid nitrate of mercury.

Marital intercourse, when the husband has had syphilis, and has temporarily recovered from the complaint, may be safely indulged in so long as it does not result in pregnancy. If this condition should supervene, and syphilitic symptoms should declare themselves in the wife within eighty days from the date of conception, she will have contracted the disease, not directly from her husband, but through the medium of the child, which he has infected at the moment of procreation. No general rule can be laid down respecting the hereditary transmission of syphilis. The greatest danger in this direction is incurred when the father is affected with a fully-developed eruption of syphilitic roseola. Mercury exerts a favorable influence on this condition, and should always be resorted to during its existence, with the view of weakening the effect of the specific virus upon the offspring, in case conception should unfortunately take place.

The average length of time during which marriage should be forbidden to a syphilitic patient is three years from the appearance of the primary sore, that is, provided he is careful in his habits and receives rational treatment.

Syphilis is a frequent cause of abortion.

As specific lesions in the case of infants do not manifest themselves until twenty-five days to two months after birth, any suspicions which may be entertained of ante-natal infection cannot be verified until these periods have elapsed. If the disease developes mucous patches—scaly, coppered spots, changing from dry to moist—will appear about the mouth and anus. A specific coryza, remarkable in so young a child, will also set in, together with symptoms referable to the tongue, the bowels, the liver, the lungs, the brain, and the thymus gland, which run an irregular course and always terminate fatally.

The mother of a syphilitic child may nurse it with impunity. When two or three months old, it may be transferred to a wet-nurse, or goat's milk may be substituted for its natural aliment.

The treatment of infantile syphilis is an exceedingly delicate affair. Van Swieten's liquor (twenty drops in a cup of milk) should be administered daily, unless found to irritate the bowels. External treatment must then be resorted to, consisting of baths, and frictions over the groins and axillæ with Neapolitan ointment. A similar use of corrosive sublimate is sometimes advisable, Iodide of potassium is seldom indicated.

A woman should never be subjscted to anti-syphilitic treatment during pregnancy, unless she herself exhibits symptoms of specific disease.—Mauriac, *L' Abeille Medicale*, August 21, 1882.

POP-CORN IN VOMITING OF PREGNANCY.

Having seen several cases of cure of vomiting of pregnancy by the use of pop-corn lately reported, and as it is only by a large number of cases that we can arrive at any definite conclusions in therapeutics, I will report my experience. In the first case in which I used it, the patient thought the remedy too simple, and did not give it a fair trial from lack of faith. The second case had been four weeks confined to bed under the care of two regular physicians, who had tried nearly all ordinary means before I was called. She had eaten absolutely nothing of late, and was so weak that she could not raise her hand to her head until beef (Saube) extract was used by injection a few days before I saw her. I prescribed ingluvin in five grain doses and peptonized milk injections in conjunction with beef extract. The ingluvin doing no good, added five grains of oxalate cerlum to each dose,

and at the same time ordered roast corn tea. After two days' trial of this, and the fifth of my treatment, finding no improvement, ordered pop-corn. The next day she did not vomit till evening, and then it was provoked by taking a powder, which she did not try after that. She vomited no more, and by degrees began other food, and in five days was eating quite fair meals.—Dr. Gates, *in Medical and Surgical Reporter.*

BREAKING DOWN OF A UTERINE FIBROID DURING PREGNANCY.

The increased vascularity of the pregnant uterus generally tends to cause an increased growth of these tumors, but an exception to this rule is noted in a case reported by Dr. G. Kruskenberg in the *Arehiv. fur Gynakologie.* After the fourth month the tumor became painful, there was irregular pyrexia, and the patient became much prostrated. An exploratory incision was made, supposing the tumor might be an abscess, but on discovering its nature the wound was closed. Labor set in shortly afterwards; the woman passed into a typhoid condition, and died six days after the operation. The autopsy revealed that the tumor formed with the cellular tissue adjoining, a dirty-greyish, semi-fluid, slimy mass, which communicated with the uterine cavity by an opening about the size of a shilling.

AN EVER READY SPLINT.

Much pain is oftentimes caused to the unfortunate possessor of a broken leg, by the handling necessary in removing him from the place of accident to a hospital or his home, and particularly is this so, if we do not happen to have handy a splint, with which to steady the fragments. In the *Polyclinic*, Dr. R. J. Levis suggests a very sensible and efficient procedure, when he says "the uninjured limb can be made to temporarily act as a splint, and take care of the injured one, by simply bandaging the limbs together.

NOTES ON ETHER NARCOSIS.

Dr. Leslie Phillips, who has had not inconsiderable experience in ether administration contributes a very practical article to the *Med. Times and Gaz.*, September 8, 1883, from which we take the following:

Mr. Teale made a valuable suggestion when he said that ether should be given in a curve of harmonic progression, as may well be done by a Clover's inhaler, beginning with air, and gradually

increasing the dose of ether till the patient breathes nothing but ether vapor. This is the best possible way to avoid struggling and to give courage to the timid. I would add this fact, that the longer a patient has been narcotized, the less ether he requires to keep up the narcosis. The drug has a kind of cumulative action, probably from the tissues becoming saturated with the vapor. At any rate, it is a fact that, in order to be kept under, a strong man, for example, will require to respire unmixed ether vapor till three or four ounces have been inhaled; then, and not till then, may the administration be a little relaxed, and an occasional breath of air be allowed: say on every fourth inspiration the inhaler may be removed. To state it as an aphorism: "The more ether taken, the less is required to prolong the narcosis."

The best way to observe the conjunctival reflex is by the associated action of the other orbicularis palpebrarum. Touch the right cornea, and watch the left eye; if the left orbicularis does not respond, suspend ether. It must be observed, however, that from natural causes the conjunctiva in some patients becomes under ether very dry, and then loses to a great extent its sensibility, so that its reflex cannot elicited. This fact must be borne in mind; for, if not, we may be apt to think that our patient is deeply narcotized, when such is not the case.

Ether acts as a respiratory stimulant, and, when the patient is once asleep, diminution in the force of the respiratory acts generally means that the patient is coming from under the influence of the anæsthetic. If the inhaler be removed, or if there be no ether in it, the breathing may becone so feeble as to be almost inperceptible, more especially since it is contrasted with the previous vigorous breathing during inhalation. In this way, alarm at the patient's condition may be caused; but the pulse is good, and, more easily observed still, the eye-reflex will be found much more easily elicited than before. In a few moments, unless more ether is given, the patient will move and come round.

During ether narcosis, ankle-clonus may generally be easily obtained. The danger of administering ether in Bright's disease is admitted, and on one occasion the wisdom of the observation forced itself upon my notice.

The usual rule observed during the inhalation of ether is that the surface of the body, especially of the face, neck, and upper part of the trunk, gets hyperæmic, and feels hot to the touch. This is more noticed in hot weather. It is to be observed, therefore, that the patient should be covered as much as possible with blankets to prevent chill, which is likely to easily take place in such condition. After the inhalation has been continued for a time we frequently observe that the surface becomes very cold to

the touch and bedewed with moisture. This is brobably due to shock, and though likely to cause some alarm to the inexperienced, it is, in my observation, of not much significance.

For patients who are very anæmic, from long-continued disease or from hemorrhage, ether is the appropriate anæsthetic, but even it must be used with much skill and caution. Such patients easily become narcotized, and are easily kept under. At first the pulse and general condition seem to improve, but this will not last long, and signs of failure will very soon be observed, notably failure of wrist-pulse. No rallying power is manifested, the heart gradually fails, the lungs fill up, and the patient dies without recovering consciousness. The lessons which such circumstances should teach are: Firstly, the anæsthetist should use the minimum quantity of the drug, not attempting to produce complete coma. Secondly, the anæsthetist himself should see that the patient is surrounded with hot bottles and blankets *during* the operation. Thirdly, the surgeon should perform the operation as though the patient were not under the influence of an anæsthetic; he should think he was operating in 1843. Fourthly, when it is obvious that the patient has not rallying power, and it is plain that he is dying from anæmia, it is my opinion that the introduction of a saline fluid into a vein should on no account be omitted.

ANGINA PECTORIS AS A SYMPTOM.

In a recent clinical lecture, Dr. Landouzy (*Le Progres Med.*, 1883, Nos. 35 and 36), reminded his hearers that angina pectoris should not be regarded as a morbid entity. Like epilepsy, it is not an autonomous disease, and, like it, there is no such thing as angina pectoris as a unity. No doubt there is a dramatic completeness about an attack of this affection; retrosternal pain, anxiety, painful immobility, pallor, cold sweat, painful irradiations down the cervical and brachial nerves. This completeness attracts the attention of the patient and physician, so that it has come to be regarded as always presenting the same characters and bearing the same grave prognosis. But this involves an error, not only doctrinal, but of great practical importance. Just as there are epilepsies which depend on this or that condition, more or less transient or amenable to treatment, so there are anginas which may be due to transient or curable conditions. This form of purely nervous angina is well attested, but deserves to be better known. These patients have more to complain of than to fear; the angina is one of the numerous phases of their neurosis, which may depart after a time never to return, is never dangerous to life, and depends on a mere functional derangement

of the nervous system. In another type, the occasioning causes are obscure, irregular in their effects, and instead of the kind just related are usually a little fatigue, an emotion, or some slight digestive trouble. No doubt, there is some pathological element which determines the occurrence within one minute of an attack which was absent a minute before. But this is often hard to define, as such attacks may come on when the patient is in perfect repose, sometimes in bed, and often during the first sleep. It may sometimes happen that a patient with some some slight cardiac lesion, who is also nervous, may have angina, which should be ascribed rather to the neurotic temperament than to the cardiac lesion. Thus Mme. K——had a slight aortic obstruction; but after the menopause she became decidedly nervous, with sudden attacks of flatulence, outbursts of laughter and tears, œsophageal spasm, neuralgia, transitory paraplegia, palpitations, asthma, loss of memory, difficulty of articulation, slight convulsive seizures, etc. Upon these supervened an attack of angina, which, in virtue of her cardiac lesion, was alarming. The aortic lesion under treatment appeared to improve; but the neurasthenia increased, diabetes supervened, and then new attacks of angina appeared, and these were regarded as rather the results of the neuropathy than of the cardiac condition; and she was told that they were no more dangerous than the asthma, palpitation, neuralgia, etc., which had so long troubled her.

LOCAL ANÆSTHETIC ACTION OF CHLOROFORM.

Dr. Heusner, writes, in the *Deutsche Medicinische Wochenschrift* of October 31, 1883, concerning a little procedure adopted by him to facilitate the local application of chloroform for the relief of superficial pains. Although chloroform will be absorbed in greater or less degree in whatever way it is applied to the skin, yet its irritant action is much less marked and its anæsthetic effect equally as great if it can be applied only in the form of vapor. To obtain this mode of application easily and without any waste of the drug, the author had made some shallow cups of tin, curved in such a way that they might be applied closely to the skin of face, trunk, or extremities. To render them air-tight when on the skin, the rims of the cups were provided with rubber edges. To the outside was attached an elastic band, to retain the cups in whatever position might be desired, and inside was fastened a pledget of lint. When used, a few drops of chloroform are poured on the lint and the cup then inverted over the painful part. A sensation of tingling and warmth is first felt, which soon passes on to pretty severe burning, while the original pain becomes more

faint. A moderate pain may be entirely cured, and even very severe pain is rendered quite tolerable. Dr. Heusner has used this mode of application successfully in pleurodynia, dry pleurisy, gastralgia, earache and headache. It is of little use, however, in deep-seated pain, and often the worst forms of neuralgia are uninfluenced. Instead of the specially made cups a simple wine-glass will answer the purpose. The application should not be too long continued for fear of causing vesication.

BLOODY TEARS.

M. Damalix has published an article relating to the rare phenomenon of sanguineous lachrymation. He cites two well-authenticated cases of this curious affection, reported respectively by M. Hasner and by M. Brun. In these cases the eyes filled quickly with the bloody tears, the sanguineous character of which was demonstrated by microscopical examination. This affection is to be carefully distinguished from hemorrhages dependent upon orbital or conjunctival disease, such as polypoid conjunctival vegetations developed in the *culs-de-sac* of the conjunctiva. Genuine bloody tears are quite independent of any ocular or conjunctival disease and their appearance is irregular. No apparent cause leads to their effusion. In some cases the escape of the tears is unattended by pain. In others the patient experiences pain in the forehead, the eyebrow, and at the root of the nose, or a sensation of pruritus, formication, or heat in the eyelids. These morbid sensations persist only a few instants and disappear with the appearance of the tears. The escape of the tears continues only a few minutes and the quantity of sanguineous lachrymal secretion varies from a few drops to a wine-glassful. This phenomenon is usually intermittent, sometimes regular, but almost always transitory and attended by hemorrhages from various cutaneous or mucous surfaces. Sanguineous lachrymation appears, by preference, in anæmic individuals, in those inclined to hæmatophilia and in hysterical women.—*Journal de Medicine et de Chirurgie Pratiques*, October, 1883.

ENTERPRISING UNDERTAKERS.

It is rare, we are told, that any nationality exceeds the American in business activity and enterprise. We must yield the palm to the London undertakers, however. We do not think that even in this much maligned city the business instincts of our mortuary artists would exhibit themselves as, according to the *Lancet*, has been done in England. That journal annotates as follows: "Medical men are from time to time insulted by the

overtures made by enterprising undertakers with a view to obtaining their recommendation to the families of deceased persons; but few proposals so unblushingly impudent as that recently made by a London undertaker to the members of the medical profession, by means of a lithographed letter, marked 'private and confidential,' are happily known to history. The tradesman who has not scrupled to issue this trade circular has the audacity to offer practitioners a commission ranging from five to twenty per cent. according to the amount expended on the funeral; and to facilitate matters, he adds, 'It will not be necessary in any case for you to wait upon me with reference thereto (that is, the receipt of the commission), but simply to send a line to say you attended the deceased, as no inquiries will be made beyond this.' We call attention to the matter, at the request of several correspondents, to mark the sense of the profession at the insult it has received, and to deter this particular tradesman—and others—from repeating the affront."

NON-SPECIFIC VAGINITIS IN OLD WOMEN.

A form of vaginitis, occurring in women advanced in years and free from any suspicion of sexual relationships, is described by Dr. Despres, (*Centralblatt fur Gynakologie*, September 29, 1883.) It is dependent upon an incomplete incontinence of urine. The muscular walls of the bladder being atonic the organ is never completely emptied, and the residual urine excites a vesical catarrh. This leads to incontinence, and during sleep, particularly when the patient lies on her back, the urine trickles down into the vagina. There its presence sets up an inflammatory process, the more readily as the urine itself in these cases always contains a large quantity of pathological products.

THE BRAIN TRANSFIXED BY A RAMROD, WITH RECOVERY.

It has long been known that the integrity of the cerebral hemispheres is not essential to the continuance of life, and that they may undergo considerable morbid change or mechanical injury, accompanied by extensive loss of substance, without fatal result, or even serious impairment of the vital functions.

Bearing upon this point, Fischer reports, in the *Deutsche Zeitschrift fur Chirurgie* (Bd. xviii), an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod, without fatal result. The ramrod, which was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upward in the deeper tissues

of the right side of the neck through the base of the skull and brain, and projected to the extent of thirty centimeters out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull, by the strokes of a hammer, and taken out at the neck. The patient recovered, except that he remained blind in the right eye.

An effort to imitate the injury on the dead body showed that in the neck no important vessel or nerve was injured, that the instrument entered the cavity of the skull through the right optic foramen, tore the optic nerve, and then entered the space between the two frontal lobes, and penetrated the brain only to the slight extent of three centimeters, and wounded only the anterior edge edge of the left superior frontal convolution.

This case is similar to that reported by Bigelow in the American Journal of the Medical Sciences for July, 1850, in which a pointed iron crowbar was driven through a man's head by the premature explosion of a blast. The bar entered the left side of the face, near the angle of the jaw, and passed obliquely upward inside the zygomatic arch and through the anterior part of the cranial cavity, emerging through the frontal bone in the median line, in front of the union of the coronal and sagittal sutures. This patient became delirious and comatose, but subsequently also recovered, although with loss of vision in the eye of the injured side, and lived for twelve years.—*Medical News.*

DECOCTION OF LEMON IN THE TREATMENT OF INTERMITTENT FEVER.

Dr. Maghen states, in the *Giornale di Clinical e Terapia*, that he has obtained excellent results in the treatment of intermittent fever and the malarial cachexia by a decoction of lemons. The remedy was recommended to him by another physician, and he tried it first in some old, inveterate cases, without, however, anticipating any remarkable results. The decoction is prepared as follows: A lemon, as fresh as can be obtained, is cut up into small pieces and put into an earthen vessel. Three glassfuls of water are poured in and boiled down to one glassful, which is then to be strained through a linen cloth and cooled in the open air. As a result of his trials of this remedy, the author arrives at the following conclusions: (1) Decoction of lemon, employed in malarial affections, gives results equal, and even superior, to those obtained from quinine. (2) It not only cures when quinine does, but even in those cases in which the latter remedy is useless. (3) It is equally effective in cases of chronic malarial cachexia. (4) It presents none of the disadvantages of quinine

(irritation of the mucous membranes and tinnitus aurium). (5) Its administration is possible, even in catarrhal conditions of the digestive tracts. (6) In addition to these advantages, it possesses the further recommendation of cheapness. In commenting upon these conclusions, Dr. Kahn (*Bulletin General de Therapeutique*) states that the natives of French Guiana employ with success the decoction of lemons to ward off a threatened attack of chills and fever.—*Medical Record.*

THE TREATMENT OF SPERMATORRHEA.

In all classes of seminal incontinence, with rare exceptions, the remedies at the onset should be directed to overcoming the sensibility of the mucous membrane of the urethra, of the ejaculatory ducts, and of the seminal vesicles; to subduing the irritability of the muscles concerned in ejaculation; and to diminishing the reflex excitability of the genito-spinal center. Hence, they should be of a calming and sedative nature. By the ignorant and indiscriminate employment of strychnia, cantharides, phosphorus, damiana, and cold sitz-baths, or affusions during the stage of hyperæsthesia, much harm is done, and the therapeutics of spermatorrhea are brought into disrepute.

Premising the statement that tonic should follow the sedative plan of treatment, I will now give an outline of my view as to the best management of the varieties of the affection.

Under all circumstances thirty grains of bromide of potassium along with about ten drops of the fluid extract of gelsemium (Bartholow) every eight hours, and one-sixtieth of a grain of sulphate of atropia (Rosenthal) on retiring, are worth all the other internal remedies combined. In anæmic subjects the bromide may be administered at night, and quinine and iron be exhibited during the day; but if the bromide be badly borne, it should be guarded, or its cumulative action must be prevented by promoting its excretion by the urine, combining it with a diuretic, as ten grains of nitrate or bitartrate of potassa (Rosenthal). This combination is far better than that with Fowler's solution (which is advised by Gowers and Bartholow), or it may be replaced by twenty grains of chloral. Not only does atropia diminish reflex mobility of the genito-spinal center, but the recent researches of Kenchel, Heidenhain and Stricker and Spiner show that it paralyzes the movements of the cells of the acinous glands and checks their secretion, so that it can not be dispensed with.—*College and Clinical Record.*

MILK DIET IN BRIGHT'S DISEASE.

Since we know not at present any drug that possesses therapeutic value to any marked extent in this terrible and fatal disease, and since it is daily making sad havoc among human beings, and principally among that class who, by reasons of their valuable public labors, are particularly necessary to the welfare of the world; therefore, it becomes a medical question of paramount interest, that we should discover some potent method of combating this very prevalent disease. Some years since Carel first called attention to the treatment of Bright's disease by the use of a milk diet, and since then Duncan, as well as many other prominent physicians, has written on this subject. We have ourselves seen some remarkable results follow this treatment, while Dr. S. Weir Mitchell, of our city, is now quite an enthusiast on this subject. This method of treating a formidable disease has received sufficient distinguished endorsement to recommend it seriously to our notice. We would, therefore, ask all physicians who read this article to try this method of treatment, and to furnish us with their experiences, which we will publish. The milk is used thoroughly skimmed and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time. If it disagrees with the stomach (as it will in some cases), Dr. Mitchell advises that the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from eight to ten pints daily should be taken, and absolutely nothing else. The sanction of such a distinguished physician as Dr. Mitchell forces us to seriously consider the merits of this treatment, and we trust to receive the experience of all readers of this journal who may have cases of Bright's disease to treat.—*Med. and Surg. Reporter.*

INFLUENCE OF DIPHTHERIA UPON PREGNANCY

In a communication addressed to the Academy of Medicine of Paris (*Archives Generales de Medicine*, October, 1883), Dr. Ollivier concludes that diphtheria may acquire an additional gravity when occurring in pregnant women, because of the liability it has to cause abortion. This accident is due, in the larger number of cases, not to asphyxia nor to an elevation of the temperature of the blood but to some alteration in this fluid, an alteration which, if it is undefined, is nevertheless incontestable. The possibility of abortion with its dangers calls for increased precautionary measures and more strict isolation in the case of pregnant women in the same house or in the same hospital ward with patients suffering from diphtheria.

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.

Dr. T. Gaillard Thomas states, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but was simply a form of polypus.

I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*N. Y. Med. Jour.*

DOCTORS ON MARRIAGE.

Dr. Clifford Allbutt, in a recent address, says: "In matters of wider bearing—in the larger social and political questions—we shall do well, as Bacon says, 'not to usurp a kind of dictature in sciences, nor with over-confidence to pass censure upon matters in doubt, nor to give way to peremptory fits of asseveration.' All professions, not one only, tend to put on the priesthood, if not checked by conflicting authority; to give themselves airs, in short. A doctor's one idea being very properly a sound body, he proclaims that, if he were king, no members of a family tainted with consumption or insanity should marry; as if the frail tenements which held the spirits of Keats, or of Elia, of Arthur Hallam, or of W. K. Clifford, bore not freights more precious than a wilderness of cricketers. To come nearer home: Addison was one of the ablest teachers the art of medicine ever

knew; now Addison was bred of insane blood, and died by his own hand. Who are we who pretend that we can lose such lives as these, or who deny that their genius drew any quality from the instability of their blood? Our answer to questions of this kind is to point out the dangers clearly, and wherein they lie, or increase; but not to claim alone to bind or loosen, nor to mesure all things with our own foot-rule. Even in lower matters, where we see more clearly, as in sanitary questions, we cannot drag people blindfold."

EDITORIAL DEPARTMENT.

TREATMENT FOR THE CURE OF PUERPERAL FEVER.

Dr. T. Gaillard Thomas details it as follows in *Med. Record*:

First.—As soon as the diagnosis is determined upon, all pain and nervous perturbation should be allayed by a hypodermic injection of morphine, unless there is some special idiosyncrasy in regard to opium, and throughout the attack, whether suffering in mind or body, the hypodermic use of morphine should be repeated sufficiently often to allay it. In this particular case the drug should be used hypodermically, and special care should be taken to use a clean syringe, dipping the needle before its use into a solution of bichloride of mercury (1 to 1,000), which will prevent the formation of abscess.

Second.—Being relieved of pain, spread an india-rubber cloth over the edge of the bed, making it fall into a tub of water rendered antiseptic by the use of carbolic acid (two and one-half per cent.), or bichloride of mercury (1 to 2,000). Then move the patient very gently across the bed, place a pillow under the head, allow each foot to rest upon the side of the tub, and cover with blankets. Then introduce either a Chamberlain glass tube or a Lyman metallic tube, very carefully guided by the index finger, passing it up to the very fundus of the uterus, attach a Davidson syringe, and throw a stream of water with gentle force against the lining membrane of the organ. If there is any suspicion that there remain attached portions of placenta or membranes, they should be carefully removed, using the finger-nails as a curette, as advised by Dr. Wilson, of Baltimore.

There are dangers attending the administration of these injections: first, the entrance of air into the uterine sinuses; second, the production of hemorrhage; third, the danger of forcing fluid directly into the general circulation through the injection tube into the mouth of the sinuses; fourth, convulsions and violent

pain, which produce a sudden and baneful influence upon the nervous system, and fifth, the passage of fluid into the peritoneal cavity through the Fallopian tube. All of these may to a very great extent be avoided by careful attention to details. By the use of a large tube, with water not less than 100° F., and using only a moderate degree of force, proceding gently, cautiously, and slowly, these dangers can be avoided. The tube should not be allowed to fill the os internum or externum completely. If after the use of the injections it is found that the cervical canal hugs the tube to closely, it should be dilated before further injections are practised, and this may be done by the use of either the hard rubber or Barnes dilators. If hemorrhage occurrs, persulphate of iron should be added to the antiseptic solution and ergot administered.

The frequency of the administration of the intra-uterine injection should be varied greatly with individual cases. In moderate cases, where the temperature falls readily, only once in five hours may be all that will be required, while in other cases they may be required every three hours, and in bad cases they may be administered as often as every hour. These injections should be administered by the physician always, and should be carried up to the fundus uteri, and every precaution exercised concerning detail. Dr. Thomas favored the intermittent stream. For a number of years he entertained the idea that the continuous flow was most desirable, but on that point he had changed his opinion entirely. Continuous irrigation he regarded as a delusion and a snare. For vaginal irrigation it is an excellent method; nevertheless, in severe cases he preferred to employ continuous irrigation and use the intermittent stream every three hours rather than exhaust the patient by the use of injections as often as seemed desirable. At all events, that plan is best which best cleanses the parturient canal.

Third.—Control the temperature by the use of Townsend's rubber-tube coil, placed over the entire abdomen, from the ensiform cartilage to the symphysis pubis, with ice-water flowing through it. In his service at the Women's Hospital this means of controlling the temperature is as commonly and freely used as are gargles for diseases of the throat, and thus far no ill-effects had been produced, either in the way of chilliness or by the development of complicating diseases, such as pneumonia, pleurisy, etc. Formerly he relied upon Kibbee's cot for the same purpose, but had found the coil much more convenient.

Fourth.—Keep the nervous system under the influence of quinine, fifteen grains night and morning, or Warburg's tincture administered in capsule, or by the use of salicylate of soda.

Fifth.—The diet should consist of fluid food, and the staple

article should be milk, but animal broths may be alternated with it.

Sixth.—Efficient and abundant assistants. Two nurses are necessary, one for night and the other for day, and at least one extra physician as an assisant, in order to carry out this method of treatment effectually.

In regard to the antiseptic substances used, they have been thymol, boracic acid, salicylic acid, carbolic acid, and bichloride of mercury. The last two are the best, and the bichloride seems to be about to supersede the carbolic acid, and for intra-uterine injections it should be used in the strength or 1 to 2,000.

ECLAMPSIA TREATED WITH PILOCARPINE.

Dr. Murphy, of Sunderland (England) Hospital, contributes a paper to the Journal of Obstetrics on the use of pilocarpine in puerperal eclampsia, which is worthy of notice. He holds that the convulsions are usually merely symptomatic of kidney disease, and our principal aim should be to restore the function of the kidney. To this end cupping and poultices should be applied over the loins, and diuretics—he prefers digitalis—purgatives and diaphoretics given. Pilocarpine is of great service; can be given whether the patient is comatose or not; produces profuse perspiration; relieves arterial tension, and gives time for the diuretics to act. He reports the case of a lady in the seventh month of pregnancy who had had eight convulsions before he saw her. There was general œdema, which had existed for a month, accompanied by headache, dizziness, vomiting and dimness of vision. Only nine ounces of urine had been excreted during the last twenty-four hours, and this contained 35 per cent. of albumen. Active cathartics were given, digitalis and acetate of potassa prescribed for the kidney, and a linseed-meal poultice applied to the loins, but all to no purpose, the convulsions continued until she had had thirty-one. There was profound unconsciousness, and the stomach would not retain even iced mild and soda water. A third of a grain of pilocarpine was then injected beneath the skin of the arm, and in four minutes she was in a profuse perspiration which continued for some hours, she at once became conscious and during the next twelve hours had two slight convulsions, making thirty-three in all. The pilocarpine was repeated at time of last one and she made a good recovery, pregnancy going on to full term, though the urine did not become normal for some weeks.

In a second case at term, the patient was perfectly comatose, and had had nine convulsions. There was only one ounce of urine in the bladder and it contained more than 50 per cent. of albumen. Pilocarpine was administered, a third of a grain every six hours, and the patient made a prompt and complete recovery.

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

THE JOURNAL FOR ONE DOLLAR A YEAR.

The Journal celebrates its fourth birthday by reducing its price from two dollars a year to one dollar. This important change is made because the Journal wishes to include among its readers a large class of physicians who feel disinclined, or unable, to pay two dollars a year for a medical monthly, or who receive one or more journals, and are averse to making any large addition to the expenses which they already bear. In this age and this Republic there should be no medical aristocracy, and the journal which the prosperous and well-to-do physician reads because of its excellence, should be read on account of its cheapness by his less fortunate brother, with whom fees are small, and "collections are slow." The Journal is now acknowledged to be one of the *best* medical monthlies printed in the United States. From this time it will also be the *cheapest*, for there is no other first-class forty-eight page journal published in this country for one dollar. Convinced that the change should be made, the Journal is fortunate enough to be able to make it. It has an abundance of means at its command; its circulation was never so large, its profits have never been so great, as during the past year. Not being inclined, like the covetous monopolists, to put on "what the traffic will bear," its very prosperity both suggests and justifies the step it has taken, and makes the present moment peculiarly favorable to the effort to extend its circulation and influence.

In thus reaching out for new readers the Journal will change neither its character nor its policy. It has ever been, and always will be, outspoken in its defense and advocacy of eclecticism. It has no fear that on its old level it will fire above the heads of its new audience. All that it is in January it will be and more in succeeding months. It need hardly be said that it will continue to discuss candidly and impartially the medical questions of the day, and to watch and record all phases of medical thought and progress. It will, as ever, labor with the erring, and belabor

the hopelessly wicked and bigoted, but amid those graver duties, it will find time and the mood, now and then, to be merry over the foibles of medical men. Finally, the JOURNAL will print the medical news of the globe every month.

DR. R. A. GUNN AND "KIDNEY CURES."

OUR attention has been repeatedly called, by indignant correspondents, to the laudatory testimonial of a certain "Kidney Cure," by Dr. R. A. Gunn, of New York City. Knowing the man as we did, we were greatly perplexed and amazed at his action, and our perplexity and amazement have not as yet abated in the least.

Our first impression was to leave the matter alone, to allow it to pass without comment. But "as we meditated our hearts burned within us," and we have come to the conclusion of the wise man, that "open rebuke is better than secret love." Besides, to keep silence might lead to the impression that "the branch of the profession" to which he belongs—for unfortunately, as we think, in this case, he claims to belong to our branch of the profession—tacitly endorsed his course, than which nothing could be more erroneous or unjust. Indeed, ingeniousness in imparting to all who would receive it, the largest knowledge of the remedies developed by it, and their therapeutical action, has ever been regarded the duty, the privilege, and the pride, of the eclectic school of medicine, and its expression has always been in utter condemnation of any course to the contrary.

Dr. Gunn must know that the medical profession as such, is in ignorance of the formula of the preparation he lauds and recommends, and in doing so that he does violence to the best sentiments of the great body of the profession of all schools; and were they to adopt this nostrum as a remedy, in this ignorance it would reduce the practice of medicine to the lowest degree of empiricism.

Granting that he may know of here and there a case of Bright's disease of the kidney that has seemingly been benefitted by the preparation to which he lends his name, it is scarcely to be believed that he has not also observed *numerous* cases in which it not only has not been of benefit, but has actually done

a serious injury, inasmuch as its use caused valuable time to be lost, and led to the neglect of such other measures as reason and experience have taught us to be the most hopeful, and intelligent physician that he is, he certainly cannot be unconscious of the fearful responsibility he assumes in recommending to the laity such a remedy for a disease so blighting, and demanding a treatment so varied, so judicions, and so prolonged. He says, "I am well aware of the censure that will be meted out to me for writing this," which reminds us of the old saying about a guilty conscience needing no accuser, and indicates his consciousness of the nature of the act he performed, and the feelings of the profession which he deliberately outraged, and if he has not ere this been astounded at the fact that he ever held any "honest convictions" that impelled him to the act that has so chagrined his friends, we are more than ever amazed and perplexed at the situation.

ANOTHER SPECIFIC.

We are always glad to call attention to anything which is to lighten the burden of the physician, or aid in alleviating the suffering of mankind, therefore we gladly give place to the following, which explains itself:

To the Editor.—Dear Sir:

Are we not often assured that the practice of medicine is not an exact science? To relieve any such erroneous impression I herewith send you a recipe which was given by a practitioner in the State of New York to a friend, with the assurance that it was a *specific* for the diseases mentioned. I give exact spelling, etc., of the original.

Yours,

Townsend, Mass., Nov. 16. Horace F. Gleason, M. D.

For Rhumatism Neurality Swellens and Disbapse, Estma Catharr Headache all what is in flesh blood or boone and all pain.

Take $\frac{1}{4}$ of a pound of Pulverist Saltpeter, put that in 1 Pint from a healthy and growing up person his water, put in 1 teaspoonfull the Spirit of Camphor, put that on the stove to disolve, take a flannel Rag and rob you with 3 times a day make it warm every time before using.

Dr. Myers.

MEETING OF THE STATE SOCIETY.

The Twenty-Third Semi-Annual Meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, Boston, Wednesday, January 9th, 1884, at 10 o'clock, A. M. Essayists: A. L. Chase, M. D., Randolph, "Congenital Malformations;" A. J. Marston, M. D., Worcester, "The Rubber Bandage in the treatment of Diseases of the Testicles;" H. H. Brigham, M. D., Fitchburg, "Albuminuria;" H. D. West, M. D., Southbridge, "Diseases of the Bladder, and their Treatment;" Abel Wares, M. D., Haverhill, "Archangelica Atropurpurea as a remedy in Atonic Dyspepsia." Semi-Annual Dinner at 1 o'clock, P. M.

By order of the President.

Robert A. Reid, M. D.,

Newton, Dec. 20th, 1883. Recording Secretary.

PERSONALS, BRIEFS, ITEMS, ETC.

We have it from good authority that Dr. A. J. Marston of the Eastern Medical Journal has declined a call to the chair of Materia Medica in the California Eclectic Medical College, which is rendered vacant by the return of Prof. Webster to his former home in Ohio.———*Dr. Geo. Pitzer*, of the American Medical College, and well known to many of our readers, says that in cases of neuralgia, mixed or complicated with rheumatism, Tongaline is a most valuable remedy. The malady is frequent enough, and obstinate enough, and the authority recommending the remedy eminent enough, to secure for it a trial.———*Bellevue Medical College* has adopted the rule that hereafter its diplomas shall be in English instead of Latin. Perhaps the change is made because her graduates cannot read them in the original.———*Prof. Palmer, of the University of Louisville*, says he has used Listerine daily since its first introduction, and would not be without it. Has given it internally in various gastric and intestinal disorders, notably those accompanied by fermentation and flatulence, and in diarrhœa, when the stools are inclined to be of a foaming nature, with decidedly beneficial results. For mouth-washes and gargles, for vaginal and urethral applications, and as a dressing for various ulcers, such as tertiary syphilides, chancroids and herpes præputialis, it cannot be recommended too highly, its action is all that could be desired.——— *In reply to a letter of inquiry* concerning the United States

Medical College, the president of the society which has so bitterly persecuted it, says: "The institution has taken its case to the Court of Appeals, and until it has there finally been disposed of, I think we will do well to refrain from interfering with those who graduated from that college."——— *We enter our protest* against the giving of nauseous drugs, unless they are clearly indicated, and then the offensive taste may often be perfectly obviated by the use of Planten's Empty Capsules, which have been in use many years, and have proved both efficient and reliable.———*It is estimated* that milk men in London annually get $1,330,000 for the water which they add to their milk.—Wat-er shame! ———*As before intimated we believe* in pleasant medication when possible. The use of the Pink Granules of Parke, Davis & Co., is an exceedingly attractive way of securing this, especially with children and fastidious ladies. They are diminutive, contain minimal doses, are quite inexpensive, and their use will be found both pleasant and convenient.———*President Younkin has assigned* the following subjects to men in this vicinity: Dr. M. Green, "Hygiene;" Dr. R. W. Geddes, "Anæmia;" Dr. A. J. Marston, "Rest as a Therapeutic Agent;" Dr. John Perrins, "Diseases of the Labarynth;" Dr. R. A. Reid, "Relation of the Medical Profession to Proprietory Medicines;" Dr. C. E. Miles, "Relation of Intoxicants and Narcotics to Intellectual Life;" Dr. G. H. Merkel, "Micro-Parasitic Pathology."——— *We understand* that Volume XI of the National Transactions is rapidly approaching completion.———*Just at the time* of going to press the editor was hastily summoned to the bedside of his child, who was seriously ill in an adjoining state, therefore the JOURNAL was somewhat delayed this month. As a rule it will appear on or before the 5th of each month.

——*REMOVAL.*——

DR. G. H. MERKEL has removed his office from 322 Shawmut Avenue to 86 Boylston Street. Office hours from 11 A. M. to 2 P. M., and 5.30 to 7.30 P. M.

G. H. MERKEL, M. D.

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Sanitary and Medical Analysis.—Hygienic Research.—Forenic Examinations.

——EXPERT TESTIMONY AND INVESTIGATION.——

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(CORRESPONDENCE INVITED.)

MELLIN'S FOOD



FOR INFANTS AND INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

MELLIN'S FOOD is entirely soluble.

MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

MELLIN'S FOOD is the best food for well infants.

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MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

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41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

JOSEPH ADOLPHUS, M. D.

THE GEORGIA ECLECTIC MEDICAL JOURNAL.

The only Eclectic Journal in the South. Thoroughly practical, liberal, and progressive, and published in the interests of Southern Eclecticism, monthly, by S. T. Biggers, M. D., and Wm. M. Durham, M. D.

Joseph Adolphus, M. D., Editor,

48 Butler Street.

The Great Food Flour



THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness. Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat. **FREE**

PRICE, $7.00 PER BARREL.

Franklin Mills Co., 38 Clark St., Chicago.

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MASSACHUSETTS
ECLECTIC MEDICAL
JOURNAL.

$1.00 a Year in Advance.

Forty-Eight pages of close-set reading matter monthly. Original communications from the ablest writers of the Eclectic school. Selections from the best home and foreign medical literature. The only Journal of its size and order of excellence at the price in this country.

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Ridge's Food FOR Infants AND Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York*. The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best"; and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞ *PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered.*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

THEODORE METCALF & CO.,

39 TREMONT STREET, - BOSTON.

ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ ***Especial attention to manufacturing for Physicians from Private Formulas.***

PNEUMATIC ASPIRATION.

AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.



FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumathorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condencing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)..... ***$16.00***

No. 2. The same, without receiver and with rubber stopper (see Fig 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... ***$14.00***

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents)..... ***$6.00***

ALSO, ***Dieulafoy on Pneumatic Aspiration,*** post-paid, by mail, on receipt of ***$3.40***

☞FULL DESCRIPTION ON APPLICATION.

Caution.—Faulty and even dangerous imitations of our Aspirators and Atomizers having appeared, we suggest the need of caution in purchasing.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

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BEEF PEPTONOIDS,



A Concentrated Powdered Extract of Beef, Partially Digested and Combined with an Equal Portion of Gluten.

WE have pleasure in presenting, for the consideration of the Medical profession, "BEEF PEPTONOIDS." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

BEEF PEPTONOIDS contains *only* the *nutritious portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescense, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONOIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONOIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

BEEF PEPTONOIDS *is much less expensive than any other preparation in the market, as it contains neither water nor inert matter.*

The favor our preparation of BEEF PEPTONOIDS received at the hands of DRS. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, &c., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also, how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of DR. D. W. BLISS, in New York *Medical Record*, July 15th, 1882, in which he so frequently refers to BEEF PEPTONOIDS, having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

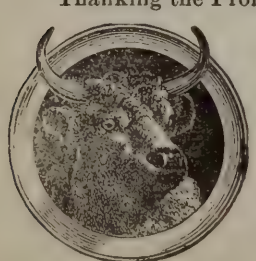
The use of BEEF PEPTONOIDS is indicated as follows:

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants, Per Rectum in all cases where the stomach cannot digest the food, and in debility resulting from any cause. Also, a valuable adjunct in voyages and camp life.

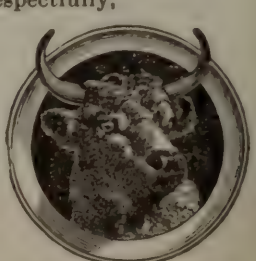
We will be pleased to have the Profession everywhere test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also, circulars fully explanatory.

For sale, in four ounce handsomely decorated tins, price $1.00 For the convenience of, and economy for, the Medical Profession, we also put up Beef Peptonoids in 16 oz. tins, which will be sent to any address, post-paid, on receipt of $2.50.

Thanking the Profession for generous support in the past, we beg to remain, very respectfully,



REED & CARNRICK,



182 Fulton Street,

NEW YORK.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
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MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
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☞ We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

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(Of Reed & Carnrick, Manufacturing Chemists and Pharmacists.)

JULY 26th.

FREE HOSPITAL FOR WOMEN AND CHILDREN.

The following letters, received from physicians, show the value of Murdock's Liquid Food in cleansing the system of chronic diseases. The letters show the condition of the patients when they entered our Free Hospital containing 30 beds for Women and 60 for Infants:—

Mrs. D. (Our ladies are known by the letters on their beds.) May 30. "She is an overworked woman, now approaching the menopause; is suffering from nervous prostration, with palpitation, muscular weakness, and mental collapse (the latter term not used in the sense of insanity, but of incapacity). It would seem that your hospital would be a haven of rest to her, and your Liquid Food a tonic of much value. This may seem a meagre description, but her disease is of that nature that a detailed analysis of symptoms would require pages."

Mrs. D. entered our hospital June 1; has received no medicine, and has taken our Liquid Food with sun and air baths daily, also rubbings. July 1 she had so far recovered her former health that she was willing to return home, but will remain with us until Aug. 1. She gains steadily in physical health, and increases one and a half lbs. per week in flesh—last week two and a half lbs.

Miss E. (letter received from her physician of May 18,) states that she is "suffering from female troubles, also piles, constipation, and kidney troubles, with erysipelas, and intestines very weak." The action of her kidneys was very weak, she passing three to four quarts of water every night, equal to from forty-eight to fifty pounds a week. During the fourth week she was relieved of this trouble, and her weight did not increase a pound during the month she was with us, proving that the kidneys were restored to health, and they utilized the water in cleansing her system, confirmed by the erysipelas disappearing. Her other complaints all improved so much that she felt safe in returning home, feeling confident that she would continue to improve if she continued the treatment she received while with us, which was the same as that of Mrs. D.

Mrs. H. The following letter was received from her physician, May 28:— "She has suffered long from female complaints, and has had four miscarriages. She is now approaching the turn of life, and so all of her troubles are aggravated at this time."

She remained with us one month and returned to her family, her several complaints much improved, and would have been relieved entirely if she had remained one or two months longer, and will if she continues the same treatment at home as she received at our hospital; but that is an impossibility where there is a family of children and household duties depending on the mother, even if she has assistance, for with such complaints as hers, physical and mental rest combined with sun and air baths and daily rubbing of the whole system are great assistants in restoring one to health, even with our Liquid Food, which is the most nutritious food known, and can be retained by the stomach when so weak as to refuse water and all other foods.

Miss G. has been taking our Liquid Food since last August. In the spring of 1877, then 20 years old, she began to fail, caused by general nervous prostration, and failed so rapidly that in the fall she was confined to her bed for seven months. During the term she was treated by five physicians of good standing, but with no relief. She suffered severely with her stomach, and could take but little food, and that she could not assimilate. Last August she was reduced to 70 lbs. (her former weight was 125 lbs.); she could not walk across the room alone, and she had not been dressed for months. Since that date she has taken a dessert spoonful of Liquid Food four times daily, and has gained steadily five pounds a month, and now weighs 127 pounds; has returned home, takes her meals with her family, walks around the yard, and takes short rides, and continues to gain in strength.

Prior to last summer she had taken Chloral for 18 months, and in vain had tried to leave it off, but could not until the nerves were nourished, which she succeeded in doing after taking Liquid Food a few weeks.

Her father writes us that he is convinced that Liquid Food has saved his daughter's life, and she, being his only child, he says words cannot convey the happiness that he and his wife enjoy in her recovery.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed; has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, performs light duties, eats well, where before treatment she could only retain milk and had no appetite for solid food of any kind, which she now enjoys.

Miss B. was taken four years ago, when 29 years old and weighing 140 lbs., with nervous prostration and neuralgia of her whole system. She failed so fast that she was unable to be moved for a year, and was so sensitive that she could not be touched without great pain. She was treated by the best medical talent of Boston for three years, but with no relief. Her parents despaired of her being relieved of suffering except by death. Last summer she commenced taking Liquid Food (her weight was then 80 lbs.), and gradually gained at first. After 30 days her strength increased faster, and now strength and vitality are about equal to what they were previous to her illness. She now weighs 120 lbs., can walk a mile at a time, can perform light duties, has no trouble in eating any food, is free from all pain, and is still gaining, showing that nutrition will relieve Nervous Prostration and Neuralgia, even if chronic for years, confirming what Fothergill, the ablest of English physicians, says: "Pain is the prayer of a nerve for healthy food."

Any physician who has a worthy case that will not yield to treatment, that is not contagious, can have a bed assigned, if one is vacant.

OUR LIQUID FOOD IS IN GENERAL USE AT INFANT HOSPITALS.

MURDOCK LIQUID FOOD CO., - Boston.

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil	80 m. (drops.)	Soda	1-3 grains.
Distilled Water	35 "	Boric Acid	1-4 "
Soluble Pancreatin	5 grains.	Hyocholic Acid	1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL.

HYDROLEINE,

WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

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KIDDER & LAIRD, Agents for the United States,

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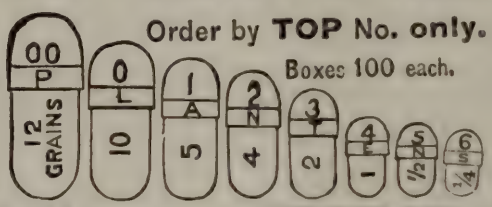
*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

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For taking medicines free of taste, smell, injury to teeth, mouth or throat.

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RECTAL, 3 Sizes.
3, 6, and 12 grain.

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1, 2, 3, 4 and 8 drams, for giving liquids or solids to Horses and Cattle.

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1-8, 1-4, 1-16 and 1-32 ounce.

DOG WORM.
5 Minims Oil of Male Fern.

CAPSULES FOR MECHANICAL PURPOSES.

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New articles and Capsuling of Private Formulas a specialty.

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UTERINE ELEVATOR.



Made of soft India-Rubber, *without Lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The best Pessary ever invented. So say thousands of Physicians from Canada to Texas. ☞ Send for Pamphlet. Price to Physicians, $4.50.

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Also for sale by dealers in Surgical Instruments generally.

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Nipple Shields and Breast Pipe.

For use in cases of Sore or Retracted Nipples.



GEYER'S UNIVERSAL NIPPLE SHIELD. PATR DEC. 14, 1880.

The peculiar construction of these Nipple Shields effectually obviates the difficulties usually experienced in the use of artificial appliances for nursing, entirely avoiding pain and suffering.

Geyer's Crescentine Breast Pipe is so constructed that it is the best appliance now in use for drawing the milk from the breast as it can be used without the least difficulty, and in case of Sore Nipples it has no equal.

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WARREN'S FOOD FLOUR
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THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness. Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat.

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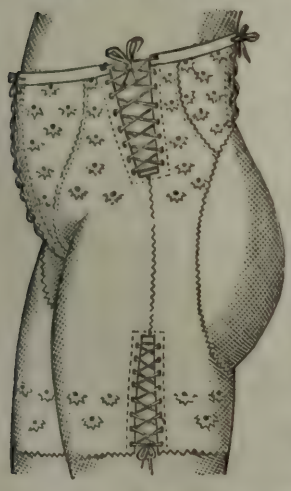
Price, $7.00 Per Barrel.

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For Sale by S. G. BOWDLEAR & CO., BOSTON. F. H. LEGGETT & CO., NEW YORK. YALE & BRYON, NEW HAVEN, CONN.

One agent (a dealer) *wanted in every town.*

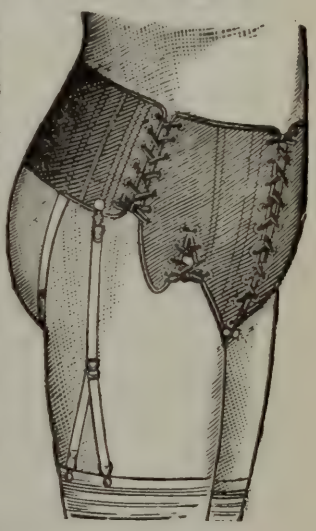
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A REVERSE CORSET for preventing and overcoming Uterine Disease. Pre eminently useful during Pregnancy. Especially adapted to treatment of Functional Derangement. It affords IMMEDIATE SATISFACTION. Heat and Pain throughout the region of the back and pelvis, "fulness and dragging down," prolapsed bowels, ovarian weakness, troubles of the Bladder and attendant reflex troubles of Heart, Brain, Stomach and Liver, are relieved by its APPLICATION. Every one made to order, from glove kid and calf, and are very elegant. In measuring, give EXACT size (under all clothing) of Waist; Abdomen at Umbilicus; Hips, largest part; Thigh; and length from Waist to Pubes.

Measurement must be accurate to insure perfect fit.

Retail Paice, with leggings, $15; to Physicians, $10; Without leggings, $12; to Physicians, $8.



Send for Circulars and Measuring Cards.

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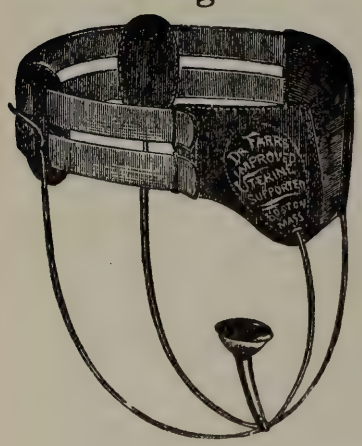
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Unrivalled in treatment and cure of all forms of Hernia.

Fig1.



FARR'S

IMPROVED

FLEXIBLE UTERINE SUPPORTERS

SOLD BY ALL DRUGGISTS.

Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups, Nos. 1, 2 and 3. Two length Stems, 2¾ and 3 inch.

Fig2.



The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1.	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2.	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



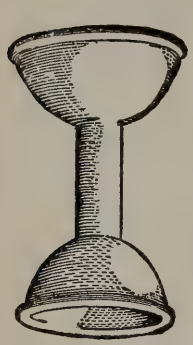
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, 2¼-inch outside diameter.
No. 4, 2½-inch outside diameter.
No. 5, 2⅝-inch outside diameter.
No. 6, 3-inch outside diameter.
No. 7, 3¼-inch outside diameter.

Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

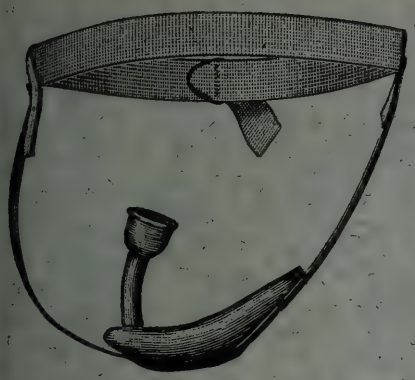
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These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

I make three sizes of cups, viz.:—Small, 1 1 2 inches; Medium, 1 3-4 inches; Large, 2 inches. Three lengths stem, Short, Medium and Long. Price to Physicians, $2.00 each.

FIG. 1.



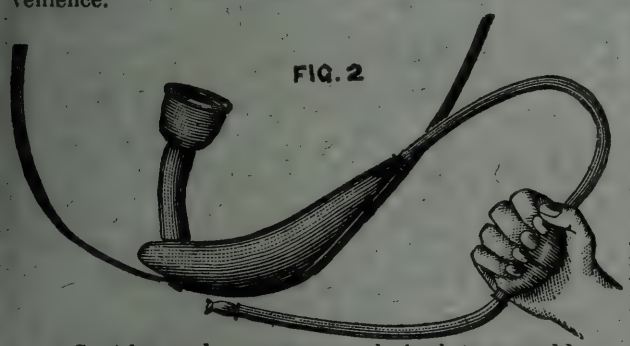
FARR'S PATENT

Ladies' Menstrual Receptacle.

SOLD BY ALL DRUGGISTS, AND AT LADIES' FURNISHING STORES, ETC.

This is the only Menstrual Receptacle in use, and is the grandest invention for the convenience and cleanliness of ladies. It gives entire satisfaction in all cases. No lady can afford to be without one. Its use is indispensable whether travelling or at home, and can be worn from the commencement of the menstrual period until its close.

By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing. the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

Price of Menstrual Receptacle, . . . $3.00 each.
" " " " and Syringe, 3.50

Sent by mail or express, as desired, to any address, upon receipt of the money, by P. O. Order, Registered Letter, Check or Draft payable to my order.

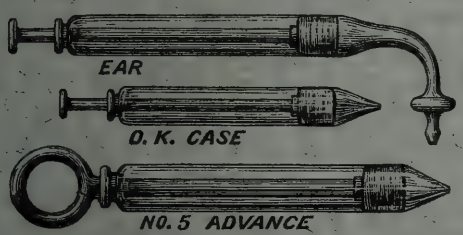
P. S. Full directions accompany each instrument.

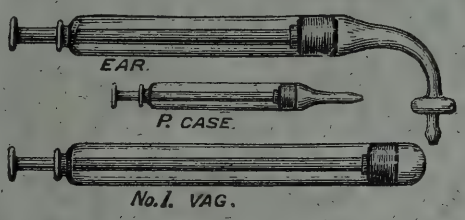
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Acknowledged by all to be the best in the world.



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FOR SALE BY ALL WHOLESALE DRUGGISTS.

P. J. McELROY, Practical Glass Blower,

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Each and every syringe has on it my Red Label, with name and address.

ALL OTHERS ARE WORTHLESS IMITATIONS.

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IMPORTANT DECISION

OF THE

SUPREME COURT

IN THE MATTER OF

IMITATIONS

OF

Horsford's Acid Phosphate.

In July, 1882, the Supreme Court of Rhode Island, by Final Decree, enioined William H. Hughes, Theodore S. Hughes, and the Hughesdale Manufacturing Company, from offering for sale "Acid Phosphate," so-called, in any package which shall be a substantial or a colorable imitation of Horsford's Acid Phosphate.

September 24, 1883, the Court decided that William H. Hughes and Theodore S. Hughes, had violated the above Injunction by selling the "Hughes Acid Phosphate," so-called, and that a writ of attachment must issue against them.

October 13, 1883, the following was promulgated as the decision of the Court, on the writ of attachment.

Rumford Chemical Works
vs.
Hughesdale Mfg. Co. et al. } Equity, 2,022.

The judgment of theCourt is, that the respondents, William H. and Theodore S. Hughes, each pay a fine of $300, for the use of the State, within seven days, and in default of such payment, stand committed to the State's jail, in the county of Providence, for the term of three months, and in the meantime to remain in the custody of the Sheriff.

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 4. BOSTON, FEBRUARY, 1884. NO. 2.

ORIGINAL COMMUNICATIONS.

TRAUMATIC LESIONS OF THE BRAIN.

BY E. YOUNKIN, M. D.,

Professor of Surgery in the American Medical College, St. Louis, Mo.

THE brain and its meninges, in many instances, are quite tolerant to the presence of bits of bone, blood, or foreign bodies, and especially is this the case when there is no way in which air may gain access. It is, indeed, surprising to note what apparently small accidents kill, and, upon the other hand what grave injuries are endured.

A few years ago there was a young man in the Kansas State Penitentiary under a sentence of seven years. He was apparently in good health up to within a year of the expiration of his sentence. He then manifested certain eccentricities of conduct, his character being so changed that he was adjudged insane and was consigned to an asylum. After some months he was returned to the pen, as cured. He behaved himself, was obedient to all commands, and his restoration seemed complete.

Some time previous to the expiration of his sentence the attendants noticed him sticking a piece of wire into his head. Dr. Carpenter, the physician in charge, was sent for, and found the young man sitting on the edge of his couch feeling apparently well excepting a slight headache. An examination of the con-

vict's head was made, and it was found that he had bored a hole through the cranium, with an awl, about one inch above the right ear, and through this hole had stuck pieces of wire, nails, and needles. Upon a close examination the end of a wire was found projecting. Grasping it with a pair of forceps, and making traction it came out. It proved to be a No. 12 wire, four and three-fourths inches in length.

After this, the man persisted in putting things through this opening into the brain. At another time the doctor drew a wire three and three-quarter inches in length; at another time the patient stuck in a wire six and three-quarter inches long and it passed completely through the brain and struck against the opposite side of the skull.

Upon another occasion, the young man grasped an awl and running across the room to get out of the way of his attendant, picked up a board and drove the awl into his head up to the handle. His time finally expired and he entered the employ of a farmer living near the prison. He found himself nervous and could not rest well at night. Upon going to Leavenworth he purchased some morphine powders that he might procure sleep. The druggist gave him several doses of the drug, and accidentally, as is supposed, he took an overdose and died from the effects.

A post-mortem was made and in the brain were found the following bodies: A wire four and three-fourths inches long; one of three and seven-eighths inches; another of six and three-fourths inches; another was removed from the middle lobe, two and one-sixths inches long; one from the anterior lobe, two and three-eights inches long; a nail was found within the anterior lobe, two and a quarter inches in length; a needle was embedded in the middle lobe, one and five-eighths inches in length. All these were encysted and apparently giving but little trouble.

Compressio Cerebri.—Cerebral compression is due to the manifold forms under which pressure may be produced upon the brain tissue. The lesion from trauma may be divided into the following heads:

1. *Compression from broken pieces of the skull, or from foreign bodies lodging within the cranium.* 2. *Compression*

from extravasation of blood within the brain or upon the meninges. 3. *Compression from diffusive suppuration of the brain and meninges following the inflammatory action, abscess of the brain.*

It matters not by what means compression is produced, the initial symptoms are the same. The variation is in the time of occurrence from the time of injury.

It is not an easy matter to differentiate between symptoms of compression and concussion; in many cases it is impossible, as between a severe concussion and a slight compression. The border-line is not well marked in such cases and we must rest satisfied with the diagnosis of intra-cranial disturbance. In other cases the question of diagnosis is clear, and all we have to do is to draw the line of contrast.

In concussion we have depression of the general circulation. Sensation, mental power, and voluntary motion, are more or less suspended, and the patient lies motionless, his face is pallid and his extremities cold. The breathing is slow, sighing and soft. The patient lies as in a quiet sleep, yet can be momentarily aroused and monosyllabic answers obtained. There may be restlessness, nausea, and actual vomiting.

In compression the breathing is slow, laborous and loudly sterterous, with a peculiar whiffing of the lips, during expiration, as in smoking; the pulse is distinct, full, and slow. The patient cannot be aroused by any loud noise or calling. The organs of special sense are dormant; there is muscular relaxation, the power of the sphincters is lost. Unconsciousness appears as soon as commencing general cerebral pressure compresses the capillaries of the cortex; as the pressure increases the pupils dilate. In short, the patient is as though dead, except that he breathes, his heart beats, and he is warm.

1. When a person receives an injury upon the cranium and presents the above symptoms of compression, *immediately* after the injury, the strong probabilities are that there is pressure by broken bone, (excluding the idea of the presence of other foreign bodies) so certain are we, that even when there are no signs of fracture of the external table of the skull, we conclude with a degree of assurance that the internal table is broken.

When these symptoms present and we have associated with them the external appearances of fracture and depression of the fragments, our constitutional evidences are corroborated, but we must not make the external appearances our sole reliance, and we must be able to make the diagnosis without them, as in a fracture of the internal table.

2. Should the symptoms of compression be delayed, should they come on more remotely from the time of injury—say from one-fourth hour to six hours after the accident—the evidences are that compression has occurred from intra-cranial blood pressure.

The time varies with the size of the vessel ruptured, and it takes a certain amount of blood to produce pressure sufficient to cause symptoms, the brain tolerating a certain amount.

I recall the case of a man who died from injury, and whose cranium I now have in my possession, which well illustrates the point: Mr. A——, while walking along the Iron Mountain Rail Road, a few miles south of St. Louis, met Mr. H——, with whom he became engaged in a quarrel. A—— received a blow from the handle of an axe. He was struck, above and in front of the left ear, producing a comminuted fracture of the temporal bone on that side, and a fissure through the frontal bone. He fell to the ground and his assailant fled. There were no witnesses to the affray. A—— soon recovered from the immediate shock and started for a neighboring house about a half-mile distant; there was no one about the house but a woman. The unfortunate man found himself unable to speak, but tried to explain by gesture, that he wanted a physician. After futile efforts in making himself understood, he started toward a village a few miles away. This woman was the last person who saw him alive. His body was found in the brush a short distance from the house.

We stop here to inquire, what killed the man? Had we seen this man on his way to the woman's house we might have said that he was suffering from slight concussion, yet he evidently died of compression, the symptoms of compression appearing after he left the house. What produced the compression? Not the fractured bone surely, for then the compression would have been immediate, and the man would have been disabled and

unconscious from the first. He died from intra-cranial blood pressure; the history above given proves this conclusively, as time elapsed between the time of injury and his death in which a degree of muscular power and consciousness were exercised.

At the autopsy it was found aside from the fracture as above described, that the middle meningeal artery was torn and was impacted between the dura and the frontal bone, the brain no doubt tolerating the pressure for a time, then yielding on account of its increase.

Blood may at times become impacted between the meninges or between the dura and the cranium, and finally, become absorbed or encysted.

3. If symptoms of compression appear, first, *several days* after the trauma, they cannot be referred to a rent in the meningeal arteries or the sinuses. The time for inflammatory action has now arrived, or still more remotely, suppuration and abscess.

The length of time which elapses between the injury and brain or meningeal symptoms varies according to circumstances—from one to ten days. There are many factors which concur in bringing about this variation. The nature of the injury; the size of the perforation; the degree of splintering, and finally, how many and what manner of atmospheric germs become entangled in the open surface.

The symptoms of compression remote from the accident and preceded by the imflammatory symptoms form the sum of our conclusions in suppuration and abscess.

We might here observe that in many cases of fracture of the calvaria sharp spiculæ of bone may be encroaching on the meninges, which may give rise only to irritation, marked by restlessness, noise in the ears, dancing spots before the eyes, flushing of the face, strongly pulsating carotids, confusion of ideas, headache, vertigo, nausea and vomiting.

In the *treatment* of compression there are involved some of the finest and most litigated points in the domain of surgery.

Fissures of the cranium, even when compound, unaccompanied by symptoms of compression, are not to be interfered with. The wound should be carefully treated according to circumstances, and the case should be closely watched for some time. The pre-

vention of inflammation and sepsis is the cardinal point of treatment here.

The same principle holds good in comminuted fractures even though there be depression of the fragments, provided there be no compound condition and no symptoms. This condition may be subjected to future risk, but it is better to act then than to open the skin during the initial stages of trauma.

If there be a compound fracture without symptoms, but depression of the fragments, the rule is to operate at once.

The punctured fracture is of all others the most dangerous, on account of sharp splinters of the inner table puncturing and in other ways encroaching upon the meninges. Where we have reasons for believing that the inner table is thus fractured an operation should be made without delay.

It may be that some difficulty will attend such cases in ascertaining the true condition, but by passing in a probe sideways measuring the thickness, we may feel certain that the two plates are separated, and the inner one depressed, feeling the inner plate some distance deeper.

Should we operate in all cases where we have the primary symptoms of compression? I think not. In a simple fracture should the symptoms be slight we may wait and see what other measures will bring about. But if the symptoms are severe the sooner an operation is performed the better.

It should be remembered that anything acting as a foreign body never becomes a harmless occupant in the cranium, but always a source of mischief sooner or later, and therefore all reasonable effort should be made to extract it. When the position of a foreign body can be located and when its removal is not attended with danger, greater than its presence, extraction should be attempted.

If the place of lodgment has been carefully ascertained and it should lie near the surface, at a distance from the point of entrance, a fresh aperture may be made, but where it can be taken through the opening of entrance fresh apertures should be scrupulously avoided.

Suppuration and abscess may form in every kind of trauma of the brain. Should there be good reasons for believing that sup-

puration has taken place in the cranium, a surgeon is justifiable in operating for its removal.

It may happen that the mere section of a piece of bone will form an escape. If pus lies beneath the dura mater its presence will be manifest by bulging of the dura into the hole, and by fluctuation. It should be evacuated by a puncture through the membrane.

If we have reasons for believing that suppuration has taken place within the cerebral substance, puncturing is a justifiable procedure. This should be done with a fine trocar, or exploring needle, and would be likely to do but little harm even though matter were not discovered. Experience has taught us that antiseptic dressings are especially salutary in all lesions extending to the skull, of which, I believe, a solution of boracic acid is the best.

WATER.

BY W. FRENCH SMITH, A. M., PH. D., BOSTON.

THAT water is as ancient as our universe, Bible believers will not dispute, that it has played an important part in the configuration of its surface students of geology cannot deny. Ancient philosophers deemed it of such importance as to classify it as an element, this view prevailing until a little over a century ago, when Cavendish proved it to be a compound body, consisting of two parts hydrogen and one of oxygen.

The clouds supply us directly and indirectly with all water consumed in economic purposes, whether collected in cisterns during showers and storms or drawn from Nature's great reservoirs, the springs, lakes and rivers.

Rain water, properly collected, is undoubtedly the purest form Nature supplies, although this is never free from foreign substance, always containing gases, dust and traces of salts, dissolved during its descent through our atmosphere. When gathered from roofs it invariably absorbs more or less matter, in addition to the dust taken up mechanically. What has been said of rain applies with equal potency to snow. Lake waters sometimes approximate to rain water in purity.

The dissolved matter in rain water is derived from our atmos-

phere, while spring water contains in addition, those substances dissolved from the strata it has traversed. Some of these springs flow at or near the surface, while others rise from great depths. Generally speaking the deeper the source, the higher the temperature and the purer the water. This process of lixiviation is partly chemical but largely simple solution; this natural filtration to which spring water is subjected usually produces a clear and bright water. Such water holds in solution from 8 to 100, or more grains per gallon of dissolved matter, the quantity determining whether the given sample falls under the head of *fresh* or *mineral* water. So far as our experience extends, in the examination of New England fresh water springs, the average is about 20 grains per gallon. All springs are to a greater or less extent aerated, the gases held in solution being oxygen, nitrogen, and carbonic anhydride, the first two are largely derived from the atmosphere, while the greater portion of the latter comes from the decaying organic matter of the strata the water has permeated.

The water of clean rivers usually carries less mineral matter than fresh spring water, the average, falling in the vicinity of 15 grains per gallon. We have examined water from small rivers in the country approximating to rain water in freedom from foreign substances. The purest natural water known is that of the river Loka in Sweden, the impurity amounting to less than 1-20 grain per gallon.

The dissolved matter in water is liable to consist of the following chemical compounds, viz.:—carbonates of lime, magnesia, iron, manganese, soda and potassa, also chlorides, sulphates, silicates, and sulphides of the same metals, together with organic substances and dissolved gases. In addition to the above many waters carry suspended matter.

A part or all of these are present in every water, although in very different proportions. The writer has never examined two waters of the same quantitative composition, even when the springs were near each other.

River waters in the country contain the least mineral matter, then comes the ordinary river water, next the water of lakes, after these springs, and lastly mineral springs.

Hard waters, those carrying considerable lime and magnesia are preferred for drinking by the majority of people. Such waters deposit a part of these salts upon heating, and in some cases extraordinary amounts. The most noticeable illustration which has come under our observation was in North Germany. A new tea-kettle after being in use for three weeks, was lined with a deposit 1 1-4 centimetres thick. It was very hard and required acid treatment to remove it.

A water containing about thirty grains of mineral matter is thought to be more beneficial than one containing none. Naturally enough we are very apt to say, thirty grains of mineral dissolved in a gallon of water, does not amount to much. Let us consider for a moment what it really represents. Assume that the average person consumes one gallon of water in twenty-four hours, he takes thirty grains of mineral substance into his system in a day, in a week 210 grains, in a month 900 grains or a little over two ounces, in a year twenty-five ounces, and if he reaches the age of seventy years, 1750 ounces of mineral matter has passed into his stomach from this source alone. The actual amount of solids is often much greater than the above figures, when we take into consideration the suspended matter. In some waters this is hardly worthy of notice, while in others it amounts to very much more than the dissolved matter. Rivers are much more liable to contain suspended matter than springs. The Mississippi discharges annually into the Gulf of Mexico 4000 million cubic feet of clay. It has been computed that the Ganges discharges from 15000 to 20000 million cubic feet per year. At first thought these figures seem extravagant, but there are potent reasons for believing they are not over estimated. A sample of water taken by the writer from the Mississippi at St. Louis, carried at the rate of 56 grains of suspended matter per gallon, consisting largely of silicate of alumina.

The cases are rare where a water is rendered unsuitable for dietetic purposes, on account of inorganic matter, with the single exception of lead contamination. If a water contains above 50 grains of mineral matter per gallon, the desirability of its use is questionable.

The case is quite different with the organic constituents. A

water containing a small amount of decomposing animal matter, is highly dangerous, and the use of such a water is certain to produce disease. The most suspicious waters are :—those in the neighborhood of cemeteries,—rivers flowing through populous districts and receiving surface drainage of manured lands,—lake waters to which sewage gains access,—shallow well water. These waters are, however, often very palatable. We had a marked illustration of this a short time since. A lady called at our office, whose family had been indisposed for a long time, and at the suggestion of her physician had several samples of wall paper examined. Nothing poisonous being found in these, we made some inquiries about the water. She was positive that was not the trouble, for their well had the reputation of producing the finest water in the county. She said it was always cool and refreshing, and reminded one of "soda water," by the taste and the bubbles collecting on the glass. Inquiries as to the disposition of sewage matter were satisfactorily answered. In reply to the location of the nearest cemetery, she said it was on a hill about a third of a mile in the rear of the house. The water was examined and found charged with nitrites, nitrates, ammonia and decomposing animal matter. It was the worst water we have ever met, and yet with the public it bore an enviable reputation. We instance this as showing how liable we are to be deceived by physical properties. In some cases, however, they are of value, but seldom if ever conclusive. It is well to note the color of a water, for as it departs from the natural blueish tint, it is occasioned by foreign substance. The best way for observing this is to fill a tumbler (a test tube is preferable, we use a glass cylinder with white porcelain base) with the water and place it on white paper. If it presents a yellowish color, considerable organic matter is present. Suspended matter can also be detected in this way. The most critical temperature for determining taste and odor is about 80 to 90° F. A very bad water kept at this temperature for a few days usually develops a disagreeable odor. If the water leaves any sediment upon standing, examine it with the microscope, threads, hairs, epithelium, or moving organisms are evidences of sewage contamination, for fresh water does not contain living organisms, but they develop rapidly in a bad water.

The sewage of towns and cities consists largely of urine and fæces of men and animals, together with the refuse of manufactories, etc. A very small quantity of such organic matter renders water totally unfit for dietetic use, while a considerable amount of such as occurs in woodland springs, does not apparently produce any ill effects, although some forms of vegetable matter are unwholesome. Water contaminated with sewage or the same partially decomposed, develops organic germs, and is very dangerous in every way to the user. The non-nitrogenous matter is not so much to be feared, for the products of its decomposition are largely water and carbonic acid gas, but with the nitrogenous, of which albumen is a good example, it is quite the reverse, the products being not only offensive to the taste and smell, but poisonous.

The determining whether water is suitable for dietetic use or not, is one of the most delicate and careful operations of the analyst. There are simple tests that are indicative, but they are scarcely ever conclusive. They are, however, of value in awakening one's suspicions. Evidently the fitness of a water for ordinary use depends upon the quantity and quality of dissolved matter. Suspended matter often influences the quality; although in most cases it is of secondary consideration, as it can be removed by filtration.

Quite a percentage of the solid matter of urine is sodic chloride, consequently an excess of chlorides indicates sewage contamination. This test is of more value some distance from the sea coast, for spring waters near the ocean are often heavily charged with chlorides, when they are in no way mixed with sewage. The addition of a few drops of nitrate of silver solution, to the water acidified with nitric acid, produces a heavy curdy precipitate, settling rapidly in waters largely charged with chlorides, while simply a turbidity is occasioned in those containing small quantities. Water free from sewage is often quite free from chlorides.

The presence of nitrates and nitrites should awaken suspicion. Small quantities do not necessarily indicate sewage pollution, for nitrates, nitrites, sulphates and chlorides have been discovered in carefully collected rain water.

Since nitrates and nitrites are among the products of the decomposition of nitrogenous substance, their presence in considerable quantity is suspicious. As much as 57 grains, per gallon, of these salts have been found in waters in and near old cemeteries. The presence of these substances is perhaps evidence of past contamination, rather than a proof of present filth. The nitrates of themselves are not so injurious, it is what they indicate. Evaporate carefully a pint or quart of the water to dryness, in a platinum dish, and then heat approaching to redness, over a direct flame. If red vapors are disengaged, of a disagreeable penetrating odor, the chances are that the water is unsuitable for use. Only large quantities of nitrates give this reaction, consequently if it does not appear the water may still be unsuitable for use, but if the vapors are liberated, the probabilities are greatly against the water. Water containing nitrates is very apt to act upon lead pipe.

Formerly considerable reliance was placed upon the examination with permanganate of potassa, but it has been demonstrated that certain bad waters are not affected by permanganate to any extent. It does not readily indicate albumen, while some harmless substances give reactions which would lead one to condemn a good water, but like many other reactions, it is of some value in conjunction with other tests. If a given water decolorizes a considerable quantity of the permanganate solution, the purity of the water is very questionable.

The simplest method of applying this test is the following: Dissolve five grains of permanganate of potassa in a quart of distilled water. Take about four fluid ounces of the suspected water and add four or five drops of sulphuric acid, then about a fluid drachm of the permanganate solution and mix thoroughly. Immediate loss of color indicates putrescible matter.

Since those substances capable of putrefaction, that is nitrogenous compounds, are to be feared above all forms of organic matter, the best criterion is the determination of this element, and the condition in which it is present. Prof. Wanklyn's process is far superior to any other for this purpose, but unfortunately it is not easily applied. One must have a special apparatus at hand, and even then it requires very skillful manipulation.

The principle of the process is the measurement of the nitrogenous matter by means of the ammonia produced in destroying the organic matter. The decomposition is effected by heating with permanganate of potassa and potassic hydrate. The quantity of ammonia being determined by the *Nesslar reaction*. By this process we can learn the present condition of the water, and the quantity of nitrogenous material which will ultimately putrefy. One part of nitrogenous matter can be detected in ten million parts of water. A water containing 0.03 parts in 100,000, is unsuitable for use. This method does not tell the actual amount of sewage, but the quantity of nitrogenous sewage present. Albumen, urea, and other nitrogenous substances develop ammonia as they decompose, which is determined as *free* ammonia, while those compounds not already changed can be converted into ammonia by treatment with permanganate and an alkali. This is estimated and termed the *albuminoid* ammonia.

A good method for purifying a water is a desideratum. Sometimes boiling will render a bad water less injurious, but to the opinion that it can make a good water from a bad one, we are inclined to take exception. Neither will freezing effectually purify water. We have examined samples of ice that carried large quantities of both free and albuminoid ammonia. It is reported that water will never putrefy in iron tanks, or in cisterns in which clean scrap iron is placed. It is said the algæ are precipitated and that waters ordinarily putrescible, do not change when kept in such recepticles.

There is no perfect method for removing the impurities from a bad water. We think the most effective is filtration through animal charcoal, and oak chips, but at best only a small part of the dissolved organic matter can be removed by filtration. Animal charcoal undoubtedly affects dissolved matter to some extent. The great objection to such filters is, the coal loses its efficacy in a short time, necessitating refilling with fresh material. While no filter can make a pure water from a bad one, we believe there is nothing better than the following for improving a water: Take an earthenware water jar (a wine keg will do after removing one head), put in a layer of stones one to two inches in diameter, round or oval from the sea beach are preferable. This layer

should be thick enough to pass above the faucet, place smaller pebbles on these, until a comparatively smooth surface is obtained. Spread a piece of flannel over the stones; now put in another layer of small pebbles, next a layer of two or three inches of granulated animal charcoal, about the size of peas, now another piece of flannel, then a layer of oak chips, and lastly a layer of stones. Water should be allowed to run through the filter a few times before it is used. This filter is easily constructed, and when properly made, is in our estimation, far superior to the ordinary filters on the market. The coal and chips should be changed in from one to four weeks, depending upon the impurity of the water. In the country where the water is usually kept in pails, it is an excellent idea to keep two or three clean oak chips in the pail, substituting new ones every day or two.

We shall not presume to call the attention of the readers of this journal, to the various diseases produced, transmitted, and aggravated by the use of polluted water. Suffice it to say we believe many more complaints can be traced to this cause than have yet been recognized. Physiologically water plays an important role, and we believe much more potent than is generally conceded. The use of pure water cannot be too strenuously urged. The muscles, heart, kidneys, nerves and blood being composed of over seventy-five per cent., in fact between fifty-nine and sixty per cent. of the entire body being water, we cannot be too cautious with what we supply the waste. It is the menstruum of our system; playing its part in our digestion, being the vehicle of assimilation of food, in both a physical and chemical way. It is the medium for equalization of temperature, our thermal regulator. In fact all the functions of the organs depend in various degrees upon this substance. We know of no reason for doubting that water is in itself nutritive, assisting in forming the solid parts of the body.

In conclusion. A good water should be clear, colorless, odorless, and tasteless. It should contain from 10 to 40 grains of inorganic matter. The organic constituents should be small, ammonia and nitrites should be present in minute traces only. Nitrates should be slight, and chlorides must not be in excess.

We believe deep springs preferable to all other sources of

water, for they are seldom charged with offensive organic matter. Clean lakes and rivers occupy the second position, while surface wells are the most dangerous of all the water supplies. In the country their location often compells them to perform the double service of cesspool and water supply.

In a future paper we will consider mineral waters.

HEADACHE.

BY A. W. FORBUSH, M. D., BOSTON.

THERE is scarcely any other affection to which the human system is liable, that causes the patient more continued misery, and the physician more annoyance, and disgust with his powers of diagnosis, or the workings of his remedies, than headache. It is generally considered but a slight affection, and if one is to judge by the extent of information, or rather lack of information, on the subject among medical men, it is hardly worthy of notice, and had better be left as a matter of domestic practice, or to the mercy of the nostrum vender.

The causes of headache are many, and we may not be able in all cases to discover them, or to tell why they produce so much suffering, but by studying these manifestations of a diseased condition, we may alleviate pain in nearly all cases, and effect a cure in very many.

To serve our purpose we might speak of the different forms as headache due to determination of blood; to depression or exhaustion; to cold; to some derangement of the viscera, as the stomach or kidneys; to disease of the pericranium or cranial bones; to rheumatism; periodical headache due to malaria, and also what I will call sympathetic headache.

The distinction between these different forms is by no means always easily made, for we may have two or more associated together. I believe the most frequent form of this condition is that due to determination of blood, which may arise from any cause producing irritation of the brain, as over-excitement, undue exercise, exposure to the sun, or arrest of secretions.

Of the headaches arising from disturbed viscera, I think that from a deficient action of the kidneys, claims our first attention. It is occasioned by any cause that tends to arrest secretion.

Derangement of the stomach is also a frequent cause of headache, especially in persons of sedentary habits.

Headache from cold is of frequent occurrence in the winter or early spring, and while no doubt dependent somewhat upon arrested secretions, it depends more especially on the sub-inflammatory condition of the mucous membrane of the naso-pharynx, etc. Rheumatic headache results usually from exposure to climatic influences, and we find it located in the muscles of the head and back of the neck. The pains may be only on one side of the head, neck, or face, or in one or both eyes. When we have this condition we think of neuralgia, and generally find the term agreeable to the suffering patient, even if the pain is not.

Headache due to temporary exhaustion, from excessive physical or mental exercise, or emotional excitement, is also of frequent occurrence. In anæmic conditions of the system we have a headache with most troublesome symptoms, and one difficult to reach.

Occasionally we see a case of pericranial headache, occurring in those suffering from long continued cerebral excitement, as over study, anxiety, or mental strain, and diseases of the cranial bones. Sympathetic or nervous headache is met with in feeble debilitated subjects chiefly, and is almost always associated with disease of some other part of the body, as that seen in females and referred to the top of the head. Here we would look for some disease or derangement of the sexual system. Habitual constipation exerts so disturbing an influence upon the nerve-centre that we may have most obstinate headache. All disturbances of digestion, whether due to the ingestion of improper food or other dietetic errors, etc., should be carefully looked after, as should also the condition known as gastric catarrh.

Among outside infiuences we may mention impure air in living or sleeping apartments, due to defective sewerage or insufficient ventilation. While giving our attention to the removal of all appreciable causes so far as may be, we should not neglect such a study of therapeutical agents as will enable us to treat successfully the various forms, more especially those obscure cases to which no definite or satisfactory cause can be assigned. We know that remedies have a general and a special action, and with a proper knowledge of the same we would use them with a considerable degree of confidence.

In nervous or "sick headache" we have a condition which is developed from a hundred different sources of excitement. Our advice to sufferers is to give as much "tone" as they can to the nervous system, by adopting all those methods which experience has shown to do good, and by avoiding as far as possible all those influences which are known to excite an attack. We find this condition due to debility or exhaustion, like many other affections of the nervous system, and that it recurs periodically. Women are more snbject to it than men, especially those who suffer from worry or any other debilitating influence, and it is frequently associated with hysteria.

It will be found that in those cases purgation will have no good effect, but rather tends to aggravate the difficulty. The only remedies which are of any use are those which act on the nervous system.

Dr. Wilks says that bromide of potassium is really the only remedy he has seen of any great service. From my own experience I believe that this bromide in cases of nervous exhaustion often does harm. When I use a bromide I much prefer the bromide of ammonium.

Dr. Hammond gives preference to oxide of zinc and nux vomica given after meals to chlorotic patients, combined with iron and quinine.

Phosphorus is found useful in the way of phosphoric acid largely diluted, and taken after food, or as phosphide of zinc, in pill form, while Fowler's solution is highly valued by some.

Morphia, sulphate or acetate, grs. one-fifth, in a cup of strong coffee for the headache, occurring about the menstrual period, is often effective, while hydrate of chloral is regarded with favor by some as a remedy for nervous headache.

Tea and coffee are of value in nervous or sick headache, but in neuralgic conditions they will aggravate the trouble. Ammoniated tincture of valerian and elix. valerianate of ammonia are thought by some to be the most reliable.

Valerianate of zinc was formerly much esteemed for nervous headache, but is to be administered by preference to excitable or hysterical females.

Of late I have seen several articles on the value of ergot under

the same conditions. Pulsatilla sometimes acts nicely, as does also nitrate of amyl, either by inhalation or given internally. Orange flower and camphor water are of some service. In 1872 Dr. Samuel Wilks directed attention to the new remedy guarana as a reliable agent in nervous or sick headache. Experience has shown that it closely resembles tea and coffee in its action, and is valuable in recurring, nervous, sick headache, more especially in females at the menstrual period. It however soon loses its power in most cases.

Berberina is much praised for its control of periodical attacks. Cannabis indica is said to be of especial value in habitual or hereditary headache, owing no doubt to its anæsthetic properties.

When we have exhaustion as a prominent symptom we would think of valerianate of ammonia and valerianate of quinia, also cubebs, which stimulate the nerve-centres. Mono-bromated camphor is valuable in headache brought on by over stimulation of the brain through prolonged study or excitement, loss of sleep, etc. Cimicifuga will also fill the indication in such cases.

In my experience, if there is such a thing as a specific for sick or nervous headache, it is the liquor ammoniæ acetatis, one or two teaspoonfuls every hour.

In the headache due to malaria we have three remedies of great value, the various alkaloids of cinchona, prussiate of iron, and gelsemium. If we have a dull pain in the back of the head, without any apparent cause, it will be relieved by iron after a reasonable time; if in the left orbit and brow, rhus is our remedy; if in the right orbit and brow, sanguinaria will be our remedy.

Headache depending on acidity of the stomach may be relieved by the carbonate of ammonia, or what is better, the aromatic spirits of ammonia. This corrects the acidity, expels gases, and at the same stimulates the nervous system, thereby alleviating the pain. Bismuth, sub-nitrate and sub-carbonate, are both of service, under like conditions. To ward off an attack I have found nothing better than the neutralizing cordial, with or without an alkaline diuretic.

Headache from deficient action of the kidneys, unless of a chronic character, is readily relieved by saline diuretics. Whenever the head commences to feel heavy and the urinary secretion

scanty, I would think of acetate of potash in the usual dose, and feel confident of relieving my patient. Rheumatic or neuralgic headache we find quite obstinate at times, and often we would gladly transfer the patient to other hands, still we have some very reliable remedies for these conditions.

The late Dr. Newton would give tinct. macrotys, asclepias and gelsemium, equal parts, a teaspoonful every two hours. In the neuralgia of hysterical, excitable, females the valerianate of zinc is highly recommended. Tonga and jamaica dogwood are two new candidates for professional favor as effective agents in neuralgic conditions, especially neuralgia affecting the cranial nerves or their branches. Jamaica dogwood I have tried two or three times with good results. The tonga I have found of but little service, but Dr. H. G. Newton has used it quite extensively and speaks warmly in its praise. Quinine is used extensively, for its known influence in periodical condition, and also as a general tonic, but at the best we will find it a very unsatisfactory agent. Strychnia has been found of great service, especially in anæmic conditions, where it may with advantage be combined with iron.

Local measures may be resorted to for temporary relief, such as oil of peppermint or of cloves, chloroform, nitrous ether, etc. In our treatment of the neuralgic condition shall we restrict our patients in the way of diet? Most emphatically no! On the contrary we should be more liberal in our diet, for there are nutritive demands in neuralgic condition, or neuroses in general for that matter, that call for a generous allowance of the most nutritious food.

The advice generally given to this class of patients, "to be extremely careful as to diet," is pernicious in the extreme, the end of it is that the patient is half starved, and instead of the pain being relieved, it steadily increases. How rare it is to see a hearty eater suffering from neuralgia. The tendency of neuralgic patients is to become dainty in their diet to the neglect of substantial food, such as is urgently needed.

The common practise of advising or allowing patients to use alcohol, in any form, for the relief of neuralgia is an exceedingly dangerous one, and cannot be too strongly condemned, on account of its well known disastrous effects upon the nervons system, and the danger of acquiring the alcohol habit.

It is not my purpose to give anything like a complete list of remedies used in the various forms of headache. Certainly an end to be desired and sought after in our practice, is to do the "greatest amount of good to the greatest number," and how can we better accomplish this than by the successful treatment of headache?

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON ECLECTIC GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

REPORTED BY P. E. HOWES, M. D.

At a recent meeting Dr. C. E. Miles presented a paper entitled "Pelvic Peritonitis terminating in Abscess and Death." The paper was very ably prepared, showing much time spent in research, and the points presented were eminently practical. Its pathology, cause, and differential diagnosis were discussed at some length, giving in detail the opinions of many distinguished writers on the subject. The following is a synopsis of a case which was given in detail: In November, 1881, he was called to see a young lady, of fifteen years, who was suffering from a violent attack of laryngismus stridulus; she had several attacks in the course of a few days when she remained free until some time in the following January, when they again appeared, but were relieved as before, and she gradually began to improve in health, spending her summer in the country. During the month of September she was drenched in a rain storm, after the menstrual flow had began; this was at once suspended and she was in great pain, there being extreme tenderness in the left inguinal region. She returned home about the first of October, and the doctor was summoned immediately and found her suffering from an attack of pelvic peritonitis complicated by ovaritis and probably salpingitis on the left side. Small doses of aconite and quinia were prescribed, and the aconite, turpentine and chloroform liniment was applied. She improved very slowly. Early in January, 1883, she had another acute attack and was treated as formerly, but did not rally as well. In February a bad diarrhœa manifested itself, which was controlled by sub-nitrate of bismuth and geranium. Hydrastis and nux vomica were prescribed for a stomach difficulty. During April the case began to look more hopeful, but in May she had another recurrence, and

although the worst symptoms were controlled in a few days, yet it continued as a chronic pelvic peritonitis. Iron and cod liver oil were administered for a short time, but were not tolerated by the stomach, and were therefore discontinued. In July a small amount of pus passed by the vagina and a small abscess was located in the left inguinal region. From this time she continued to sink, and died during the month of August. The post mortem showed extreme emaciation, and tubercular deposits in the lungs and many of the lymphatic glands. The uterus was normal in size and appearance, the left ovary was completely destroyed, the peritoneum and fallopian tubes were thickened, other parts were normal.

Dr. Bailey said that the first thing he thought, when listening to an essay, was what practical benefit he could derive from it. He was much pleased with the paper he had just listened to. He urged the vital importance of attending to the nourishment. We should see to it that the food is assimilated. He thought that uterine disease had a very marked effect upon the stomach.

Dr. Newton spoke of the great dependence to be placed upon quinine. The larger part of the cases, similar in character to the one narrated, that had come under his observation, were puerperal.

Dr. Perrins had listened to the paper with great interest, and felt that a perusal of it would be of great benefit to him. He thought that there were many fine diagnostic points presented to aid in differentiating pelvic peritonitis from pelvic cellulitis. He briefly described two cases, one which followed delivery at full term, everything progressed nicely for nine or ten days, when pelvic peritonitis set in. A hard mass was discovered in the right inguinal region which it was thought might be an impaction of the bowels, but was finally decided to be an abscess and was opened from the outside, a large sized wash bowl being filled one and a half times at the first tapping. Subsequent tappings resulted in the discharge of as much more. The cavity was injected first with carbolic acid, then permanganate of potash. Under a generous and nutritious diet and tonic treatment, the abscess being kept open and empty, the patient gradually recovered, and as far as he knew was a well woman to-day. A second case which followed abortion had substantially the same treatment and the same results were attained.

Dr. Newton referred to the fact of the frequency of labial abscesses, and thought that they were frequently caused by infection of the labial glands from diseased tissues above.

Dr. Merkel could not coincide with the last speaker. He had seen a great many cases of labial abscess where there was no complication of the pelvic organs. The labial glands were

more easily affected than any other part of the region. In referring to pelvic abscess he reported the details of a case which he was asked to see in consultation. On examination was certain that infiltration had taken place into the tissues, and from the length of time decided that pus must have formed. The trocar was used and a very large quantity of pus was evacuated. He advised the use of iodoform suppositories and iodine externally. He used eight grains of iodoform to each suppository. He believed in the antiseptic treatment of such cases.

Dr. Newton spoke in regard to the curability of gonorrhœa in the male, it being his opinion that it could be entirely cured so that there would not be any after results. He could not endorse Noeggerath's views as advanced by the essayist, that a man who had suffered from gonorrhœa would always cause difficulties of the sexual organs of the woman with whom he cohabited.

Dr. Miles stated that while he was not prepared to fully endorse the views presented by Noeggerath, still observation had taught him that those women who married men who had contracted gonorrhœa several times were very liable to be troubled with difficulties of the mucous membrane of the sexual organs. He spoke of one point that had not been opened as fully as he had wished it might be, viz.: the very great liability of those women to pelvic peritonitis who suffered at the menstrual period and complained of considerable tenderness in the region of the pelvis. He also referred to the fact that a large proportion of cadavers examined, showed signs of pelvic peritonitis having existed at some time during their life.

Dr. Merkel referred to a case very similar to Dr. Miles, where a young lady took a violent cold during the menstrual period which was followed by a chill. He saw her on the third day, was suffering with intense pain in the bowels and symptoms of peritonitis. She did not linger but a short time, and died with pelvic cellulitis well marked as a complication of the peritonitis.

BALTIMORE MEDICAL ASSOCIATION.

CYSTITIS.

Dr. James H. Currey opened the discussion by giving a *resume* of the causes, symptoms, and treatment. He divided cystitis into three varieties—acute, chronic, and gouty. The symptoms enumerated were pain above and behind the pubis, in the hypogastric region, and, in the female, at the external orifice of the urethra, chill and fever, difficult micturition, tenesmus, etc. The urine is but little changed, scanty, and high-colored, and acid reaction, sometimes mixed with blood. Pus may also be

found in it if there be parietal abscess. If there be sharp, lancinating pain, the peritoneal and muscular coats of the bladder have become involved, as well as the mucous. Causes—falls, wounds, blows, hard labor in women, stone in the bladder, irritating injections, retained urine, ol. terebinth., tr. canthar., etc. Treatment—if strong and vigorous, leeches to the pubis or perineum, saline cathartics, emollient cataplasms, warm hip-bath, cold mucilaginous drinks. If the peritoneal or muscular coats suffer, allow but little fluid, and that warm. Diaphoretics, cit. potass. potass. tart., Dover's powder, anodyne enemata, etc., may be used to advantage. In advanced stages, blistering cautiously over the pubis is recommended, but ammonia, or ammonia and chloroform will do better. The gouty form differs but little from the other varieties, except in regard to its producing cause. In the treatment we should take this into consideration.

Dr. Helsby said that acute idiopathic cystitis is a very rare disease. It is usually secondary and dependent upon urinary calculus, enlarged prostate, etc. The chronic form is more frequently met with. The mucous membrane is not readily inflamed. The urine in health is acid, and the mucus acts as a ferment on the urea, and produces ammonia and a large deposit of phosphates. In the treatment, he suggested suppositories as more convenient than injections, and opium or belladonna used in this way is very valuable. He has not much faith in mercury, and thought that in its use in this disease we were governed more by the traditions of the profession than by the experience of to-day. He believes more in quiet and balsamic remedies. The chronic form in old persons is very often incurable.

Dr. Currey did not wish to be understood as recommending mercury, and only spoke of it in the acute form when other remedies had been tried with little or no effect. Suppositories might increase the trouble, from their unyielding character and from distension.

Dr. Helsby inquired whether a suppository would produce more distension than an enema. It might be made very small, and then it could hardly be felt in the rectum.

Dr. Currey would not fear to use either enemas or suppositories. In cases of inflammation of the womb accompanied by cystitis, he uses Scanzoni's irrigator, hop-tea, etc., and they have needed no other treatment except anodynes, as a Dover's powder, or gr. 1-4 ext. belladonna.

Dr. Friedenwald said that one important cause had been omitted, viz: gonorrhœa, which produces inflammation either by the bladder taking on the same action as the urethra, or as the result of stricture. I think a number of cases are produced by

direct contagion, and it is important to treat such cases by injections, as it is the gonorrhœa.

Dr. Maughlin. I have a case of chronic cystitis dependent upon enlarged prostate. The urine is ammoniacal. I have used pareira brava and nitric acid, and introduced the catheter three times in the twenty-four hours. An infusion of green tea is highly recommended, and it may be useful from a small quantity of sulph. copper which it contains.

Dr. Helsby. More likely from the tannin than from the copper.

Dr. Maughlin. I think that nine out of ten cases of this disease are produced by enlarged prostate.

Dr. Stein. Would there be any danger in attempting to produce the sedative as well as the astringent effect of acetate of lead by injection?

Dr. Currey. Injections are recommended by authors, but I have no experience in their use. One thing recommended in the chronic form is powdered calomel. I do not recollect any case in which lead was used. Simply washing out the bladder with warm water, through a double canula, is often useful.

Dr. Chancellor. The great benefit from injections is that they modify the acrid qualities of the urine. I have used warm water, and it affords almost instant relief, and has a very beneficial effect,

Dr. Arnold. I have never seen a case of pure acute cystitis, but have seen those following gonorrhœa. From its analogy to dysentery, the treatment would seem to be calomel, opium, and camphor. In progressive locomotor ataxia there is often unmanageable cystitis, and no local treatment is of any use except anodynes. Unmistakable anteflexion and anteversion produce all the symptoms of cystitis.

Dr. Helsby. Has any member present had an opportunity to make a post mortem examination of the bladder after this disease?

Dr. Hartman. I once made a post mortem examination in which I found evidences of chronic cystitis. We had no previous history, as the person was comatose when brought to the hospital. There was ulceration of the mucous membrane extending along the urethra, which was denuded for two thirds of its length. It was a colored soldier, aged 62 or 63, from Fortress Monroe. Dr. Helsby thinks chronic cystitis is incurable. I know of two or three cases which yielded, one to nitro-muriatic acid, and another to the long continued use of nitric acid.

Dr. Arnold. With regard to the use of nitric acid, we know that it is recommended for phosphatic deposits, and these might

have been mistaken for cystitis. Ladies frequently pass large chalk stones.

Dr. Helsby. The phosphates are held in solution by free acid, and when the urine becomes alkaline, they are deposited. It is a nice point in diagnosis to distinguish between these phosphatic deposits and chronic cystitis. I did not say that chronic cystitis is incurable, but it is so often preceded by and dependent upon irremediable conditions, and thus becomes incurable.

Dr. Hartman. I did not say positively that those cases were chronic cystitis, for I recognized the difficulty of diagnosis. The same symptoms may occur from disease of the prostate.

Dr. Arnold. The same explanation as that offered by Dr. Helsby, will answer for those cases following progressive locomotor ataxia. There is paralysis of the parts which supply the bladder, and the phosphates are thrown down and produce this irritation. In these cases we should pay more attention to the causes than to the cystitis itself.

Dr. Helsby related a case told him by Dr. H. R. Storer, of Boston, in which a physician introduced one of Hodge's pessaries into the bladder, instead of the vagina. Dr. Storer removed it by catching one prong in the forceps, and making gentle pressure over the bladder.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew, M. D.

FISSURE OF THE ANUS.

The man whom I bring before you this morning is suffering from fissure of the anus, a disease which is more acutely painful in comparison to its apparent insignificance than almost any other surgical malady. It consists but in a linear ulcer extending simply through the mucous membrane, and oftentimes not reaching higher than the internal sphincter, yet, as I have said, its prominent characteristic is exceedingly acute pain. In its exaggerated and extended condition, it is known as "painful ulcer of the rectum," the two diseases being but differences in degree, not in kind. In either case there is a lesion of the mucous surface, but in the latter, the ulcer is larger and deeper —being sometimes from three to six lines in its diameters. Its exceeding sensitiveness may be attributed to the spasmodic action of the sphincter in addition to the pain which is always found in fissures at the outlets of the body. In some cases it is so small as to be concealed from view by a small hemorrhoid or rectal polypus, and patients are often treated for years without a diagnosis being made.

Its cause is usually either a slight abrasion occurring perhaps during parturition, or from an injury of some kind which breach of surface is prevented from healing by the spasmodic action of the sphincter, or from uncleanliness. The spasm of the muscle is often so great as almost to preclude the introduction of a finger without the administration of an anæsthetic, the muscle being, in fact, actually hypertriphed, thus differing from hemorrhoids in which it is relaxed. As I have said, the pain accompanying this disease is excruciating, and is almost diagnostic in itself.

It differs from that of hemorrhoids in this important particular, that in the latter the pain is most intense at the time of decafetion, and is accompanied by more straining and hemorrhage, while in fissure, although quite annoying at the time of passage, yet does not approximate to that which comes on about half an hour later, and which gradually and steadily increases for them four or five hours, until it becomes almost unbearable, being likened by some to introduction of a hot iron into the anus. After this length of time, however, it subsides, to be repeated at the next stool, until the patient, dreading the suffering incident upon such an operation, defers it from day to day, until an acquired state of constipation is produced, which only tends to increase the difficulty. During the intermediate times the pelvic pain and distress are not as great as in internal hemorrhoids, although it is by no means inconsiderable. The feces are often streaked with blood, sometimes accompanied by a muco-purulent discharge. In hemorrhoids, also, there is often a feeling of fullness in the rectum.

When any doubt exists the diagnosis may be easily settled by an ocular examination. The parts being well forced down, the commencement of the ulcer will be found among some of the rugæ which abound at the verge of the anus; but it must be remembered that it is sometimes so diminutive in size that it might easily escape a careless observer.

The parts can usually be everted with the fingers, but when the fissure is small and situated far up, you may use a large fenestrated speculum, in order to distend the parts, or what is better, the ordinary "base or parallel expansion" vaginal speculum. It may seem large to you at first, but it is an excellent instrument, and when expanded gives you a most perfect view of two of the sides, after which it can be turned to expose the remaining two. The ordinary bivalve anal speculum is entirely too small to put the parts upon the stretch and obliterate the folds.

The distension of the larger instrument is rather serviceable than otherwise; in fact, an operation quite frequently practiced for the cure of this disease consists in the forcible dilatation or rupture of the fibers of the sphincter by the thumb.

At the commencement of this disease it is usually customary to employ astringent and anodyne lotions, bougies, suppositories, etc., but these seldom succeed in effecting a cure, for the reason that the sphincter tears the edges asunder as often as they attempt to unite, even though the solid nitrate of silver be employed. An operation then becomes necessary in almost every case, and is so simple that no patient should be allowed to suffer on for months.

The operation for its relief is an easy and speedy one. It consists in etherizing the patient and then making an incision one to two lines in depth longitudinally through the entire bottom of the ulcer, thus cutting all the subjacent fibers, and then making a complete division of the superficial sphincter muscle. This is done by entering a knife at the outer margin of the muscle, when, carrying it along a little distance beneath the skin (for these fibers are but shallow, as you know,) it is brought out just within the verge of the anus. The edge is now turned outward and the muscle and skin divided at one cut, thus putting the part perfectly at rest. Should any fibers escape the knife they may be stretched to the extent of paralization.

The patient being now put to bed, an anodyne suppository is inserted, a full hypodermic of morphia administered, and opium given in sufficient quantities to relieve pain and prevent any action of the bowels for the next five days. They should then be gently opened with castor oil and a bland enema, and kept thus in a soluble condition for a week subsequently. The patient will be able to walk about in ten days, often, in fact, resuming work in less than two weeks.

In the majority of cases the relief is astonishingly immediate and complete, patients who had before been exhausted with torturing pain, expressing themselves as perfectly comfortable. Connected with this disease are sometimes, also, associated various reflex phenomena, which are exceedingly vague and obscure. For instance, I have seen men who have been troubled with an annoying cough for years, and who were considered to be the victim of some pathological change in the lung, cured so completely by an operation that they have not coughed after its performance. Patients have even been brought to this city for confinement in an insane hospital, and yet they have returned home in ten days simply by the division of their external sphincter muscles. Frequently, also, there are various dyspeptic symptoms, pains in the sides, loins and hips, etc., all of which will continue so long as the cause exists.

The operation was performed. A piece of oiled lint was inserted in the wound, no other dressing being necessary. The patient made a rapid recovery.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

At the annual meeting held on Tuesday Evening, January 8th, the following officers were elected for the ensuing year: President, Dr. J. P. Bills, Falmouth; Vice-President, Dr. Robert A. Reid, Newton; Secretary, Dr. P. E. Howes, South Boston; Treasurer, Dr. John Perrins, Boston; Censers, Drs. F. L. Gerald, Hyde Park, C. E. Miles, Boston Highlands, and R. W. Geddes, Winchendon. The report of the treasurer showed the society to be on a good financial basis, and the secretary's report of work done during the past twelvemonth made a creditable showing. At 9 o'clock the society sat down to an inviting repast, after which an hour was pleasantly passed in toasts and responses. Altogether the society is in a gratifying condition, and there is a fine esprit de corps. The president-elect comes a distance of 60 miles to attend the meetings, and several members come from varying distances, one (Dr. Geddes) who is seldom absent coming about 70 miles, which necessitates an absence from his home of the greater part of two days.

SELECTIONS.

THE USES OF HYDROBROMIC ACID.

Dr. Joseph Parish, of Burlington N. J. writes, referring to an article by Dr. C. L. Dana (Journal of Nervous and Mental Diseases) on hydrobromic acid, that he has recently used it in two cases: "In one it relieves the insomnia in fluid-drachm doses, taken in the evening, say three doses a few hours before retiring. The other is a neurasthenic case, in which there is enlargement and hardening of sciatic nerve and general neuralgia. In this case I have given the bromides in several forms with but little impression, except bromism. Hoping to avoid the bromism, I resorted to ten-per-cent acid, with the effect of bringing out the bromism as distinctly as when she took either of the salts. In direct opposition to this case I have a lady of forty, an epileptic, who has taken bromide potassium, in doses of from half a dram to a dram and a half, three times a day for the last fourteen years without the slightest sign of bromidism."

Dr. Squibb writes of hydrobromic acid in Ephemeris: "Its most common and probably most effective use is as an addition, either constantly or intermittently, to solutions of the bromides when these have to be taken for a long time and in full doses. In this way full bromine doses may be easily maintained, while

the effect of the bases is diminished. Full doses of the acid are difficult to administer on account of its intense acidity. It is best given with sugar, or with syrup, or with syrup of acacia, and with lemon syrup it is somewhat like lemonade. Large dilution is always advisable. The dose of the officinal acid is two to four fluid-drams, which is equal in bromine to seventeen to thirty-four grains of the potassium salt. An equivalent dose of the thirty-four-per-cent acid is, about twenty-seven to fifty-four minims. This acid is very useful in making extemporaneous solutions of many bromides. For example, the very effective bromide of lithium may be very easily made extemporaneously by prescription, by simply saturating, or nearly saturating, the acid with lithium carbonate.

THE MEDICAL VOYAGE OF LIFE.

The following clever chronological classification of the ills to which human flesh is heir may give a faint conception of the gauntlet which we poor mortals have to run: First year: icterus neonatorum, hyperkinesis intestinalis, and vaccination. Second year: dentition, croup, cholera infantum, and fits. Third year: diphtheria, whooping cough, and bronchitis. Fourth year: scarlatina, worms, and meningitis. Fifth year: measles. Now half the children are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperesthesia sexualis. Sixteenth year: spermatorrhea, chlorosis, and spinal irritation. Eighteenth year: blenorrhea urethralis. Twentieth year: bubo, alcoholic cephalalgia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thiry-fifth year: pneumonia. Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty-fifth year: apoplexy. Seventieth year: amblyopia, deafness, anosmia, general dyskinesis, atonic digestive tract, rheumatismus deformans. Seventy-fifth year: finis. (Canada Med. and Surg. Jour.)

COLD ALCOHOL AS AN ANESTHETIC.

Dr. Roger Keys, (Medical Bulletin) has found that alcohol at between 47° and 55° F. possesses decided anesthetic properties. The pain of burns and scalds of the extremities is speedily and entirely removed by immersing the parts in alcohol of this temperature. If this treatment be pursued in time, the formation of blisters can be prevented. The temperature of the alcohol is to be kept within the "anesthetic range" by means of ice and a

thermometer. The immersion is to be continued until the pain is bearable on its discontinuance. The alcohol retains its anesthetic properties even when diluted to twenty-five per cent. Dr. Keys discovered these facts some years ago when trying to relieve the pain he was suffering from burns on his own hands. He had for years successfully treated burns and scalds of the extremities with cold alcohol. He advocates the same treatment in the case of more extensive burns of the body and trunk, believing it affords the best means of averting death. (If "cold alcohol" really has anesthetic properties, what hinders its use in felons, contusions, and injuries of the hands and feet, and, indeed, in *all* painful affections of the extremities?)

SULPHUROUS ACID IN SCARLATINA MALIGNA.

Dr. Keith Norman McDonald, writing to the British Medical Journal, denies the prevalent opinion that no reliance can be placed on any drug in cases of scarlatina, and does not hesitate in affirming that when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy that we possess. He continues, "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that of all remedial measures in this disease it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say about six years of age, ten minims of sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous-acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid in severe cases, or equal parts of the acid in water, according to the severity of the case. Sulphur should be burned in the sick-room half a dozen times a day, by placing flower of sulphur upon a red-hot cinder, and diffusing the sulphurous vapor through the room until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine can not be swallowed, this and the spray must be entirely relied upon; and the dark sordes that collect upon the teeth and lips should be frequently laved with a solution of liquor potassa permanganatis of the strength of about one dram to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with the chlorate of potash, and equal parts

of the same with glycerine should be applied locally with a camel's hair brush several times in the day; but as in the majority of cases among children it is next to impossible to use a local application more than once, the spray and permanganate solution will prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and can not be taken well by children; carbolic acid has the same fault, and can not be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet-sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpin is a remedy that may give good results hereafter, but I have had no experience it its use."—*N. Y. Med. Jour.*

DRUG FARMS.

Some time since (see Reporter, Vol. xlvii., p. 467), we published an editorial on this subject, in which we expressed the opinion that some of our young men might, at least, manage to support themselves while waiting for practice by cultivating medicinal plants.

It affords us pleasure to note, from an article by J. W. Colcord, of Lynn, Mass., in the *Druggists' Circular and Chemical Gazette*, for December, 1883, that efforts are being made to interest the national government in this idea. From it we learn that at the last meeting of the American Pharmaceutical Association a resolution was adopted instructing the Committee on Legislation to ask Congress for an appropriation of $25,000, to be expended in the introduction and cultivation of foreign medicinal plants. It seems to the writer that we have such a variety of climate within our borders that it would not be a difficult matter to find a location suitable for the cultivation of many of our valuable medicinal plants.

He tells us that the cinchona trees of India are now valued at $5,000,000, and that this is the result of an outlay on the part of the Government of only $500,000, less than fifteen years ago. He is now cultivating some seed of the Rheum palmatum from the Royal Botanical Gardens of St. Petersburgh, and he kindly offers to distribute these seeds to any one interested in the matter who will send him a two-cent stamp for return postage.

We say again that this occupation would, if successful, enable some of our worthy but poor young country doctors to keep the wolf from the door while waiting for practice. To all so interested we would recommend a correspondence with Mr. Colcord.

THE TREATMENT OF PELVIC CELLULITIS FOLLOWING PARTURITION.

Dr. W. M. Graily Hewitt thus concludes an article in the *Medical Press*, November 21, 1883:

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already-existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest.

As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.

THE TREATMENT OF BOILS AND CARBUNCLES.

The *London Med. Record*, December 15, 1883, tells us that Dr. Rupprecht, of Hettstadt *Deutsche Med. Wochensch.*, May 23), regards furuncles, carbuncles, and anthrax pustules to be all dependent on an infectious cause, and the same treatment to be suitable for all of them. In boils he removes the little scab which always forms early on the top, and presses into the purulent cavity a little piece of cotton-wool moistened with spirit of

ammonia. This ought to be done six or eight times at a sitting, a fresh piece of wool being used each time, and it may be necessary to repeat the treatment on the following day. In very large boils scarification, and in carbuncles a cross incision, must precede the application of the ammonia; in anthrax, the scab must be removed, and the surrounding tissue scarified in a radiating form. The part should be dressed with boracic ointment after this cauterization, and it generally heals without causing any disturbance. Boils in the external ear, where septic material is easily conveyed by the fingers, should be incised with a very small knife, and then dressed with some antiseptic which will not injure the tympanum, such as thymol, boracic acid, or iodoform.

MARSH MALLOW IN PALMAR PSORIASIS.

In *The Practitioner*, November, 1883, Dr. F. C. Berry, of Lynton, North Devon, England, has a short but interesting article on the above subject, from which we take the following:

In all country districts, but more especially in one which is situated twenty miles from the nearest railway station, the regular medical man has to contend with a host of amateurs, generally old women, who consider themselves, and are by virtue of their age and experience, held by their neighbors to be learned in the healing properties of the herbs indigenous to the locality.

The case which drew my attention to the value of some of their applications, and which I have taken for the text of this short paper, was one of palmar psoriasis of long standing and unusual obstinacy to treatment. The patient was an old man.

I prescribed Fowler's solution in three-drop doses three times a day, ordered him to wash his hand well with soft soap night and morning, and then to apply an ointment composed of chrysophanic acid and vaseline. This treatment was continued for some weeks, but did not appear to produce any marked improvement. I then tried in turn oil of cade and vaseline, ammoniated mercury ointment, and Wright's liquor carbonis detergens as a lotion. None of these measures were successful. The old woman then appeared on the scene, informed me it was due to a "chill in the blood," and that she had seen similar cases cured by marsh mallow ointment, I doubted its efficacy, but willingly allowed my patient to try it. The first application relieved the irritation, and in a month the skin of the hand had almost regained its natural appearance. I should add that she was pleased to approve of the washings with soft soap, and this was continued while applying the ointment, but the internal

administration of arsenic was stopped. The disease appeared again in a short time, but a fresh application of the ointment cured it at once.

The *althœa officinalis*, or marsh mallow, belongs to the natural order *Malvaceæ*, and is to be found growing plentifully in most European countries. On the Continent, especially in France, it is highly esteemed for its demulcent properties. Both the leaves and roots are used, and are given internally for various affections of the mucous membranes. A favorite remedy in France for sore throat is *pate de guimauve*, which is a kiud of lozenge made with mucilage of althæa, gum-arabic, sugar, and white of egg. Recipes for a decoction and syrup of althæa were to be found in the old London Pharmacopœia. In this part of the country the ointment is the favorite preparation, and is made by cutting the fresh leaves into small pieces, stirring them together with lard, and boiling the mixture for half an hour, after which process the mixture is strained through muslin or through a common kitchen strainer, and is then ready for use.

AN ANTIPESSARIST.

Dr. J. Mathews Duncan is responsible for the following outburst: "In the present great abundance of contorted bits of wood, and metal, and vulcanite, and what not, called pessaries, my advice to you is *Punch's* advice to a young man contemplating marriage—Don't! Think twice before beginning the often baneful practice of using any instrument, teaching a woman to depend on what, if not positively useful, is positively injurious, though perhaps not much so. Many a woman has suffered from, and many a woman has died of, a pessary; but most pessaries, as I find them in use, are nearly innocuous for evil or for good. They are always harborers of dirt, and they always keep the mind watching the part; they are all liable to decay, and require, if long used, to be renewed. They are all undesirable additions to the contents of the pelvic excavation, and, if they are efficient, must, of course, cause more pressure, though perhaps on different parts, than that caused by the organ or organs which they keep in an altered position. Curious things are anteflexion pessaries. In regard to their giving relief I express no opinion, but I do say that if they give relief it is not by undoing the flexion, and keeping it undone, keeping the womb straight. I have seen most kinds of anteflexion pessaries as placed by their inventors, and too often replaced and replaced, but I have never seen one materially modify the flexion. I have myself never used one, and have no intention of doing so. There is another bad and too

common practice which I must not omit to mention here, that is, what is called straightening or putting up the womb, or replacing it time after time by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately after the probe or finger is removed, as the practice itself shows."

HYPERICUM (ST. JOHN'S WORT) FOR THE PREVENTION AND CURE OF BED-SORES.

My attention was drawn to this remedy, some years ago, by the friends of a patient afflicted with bed-sores. From the slight experience of two cases I can strongly recommend it; it appears to induce healthy granulation and a more or less rapid cure, in a manner which we should vainly look for from alcoholic or balsamic preparations—and this without any smarting from the application. The compound oil of hypericum, which alone I have used, is sold by Mr. Garrad chemist of Leamington; I have vainly tried to procure it in London, A recipe in my possession directs that bottles be filled half-full with the flowers of the St. John's Wort, olive-oil is then to be added, and the bottles are to stand in the sunshine for a few days; till the oil becomes of a deep red color; it is then fit for use, and may be either drawn off at once, or left till required. It is merely brushed over the sore two or three times daily, with a feather.—Dr. Snow, in *British Medical Journal.*

JABORANDI IN INFANTILE THERAPEUTICS.

Dr. John Tascher communicates to the *Chicago Medical Times* the results of his experience in the use of jaborandi in the treatment of the febrile and inflammatory diseases of childhood. He regards its febrifuge properties as the direct result of the diaphoresis which it produces. As an abortive in bronchitis and pneumonia in the first stage, he has great faith in jaborandi, declaring that he uses it with as much assurance of arresting the disease as he would use quinine as an abortifacient of intermittent fever. He thinks its action is synergistic with that of aconite, and, indeed, he often prescribes it in combination with the latter drug, especially in localized inflammations. In coryza, or a bad cold, two or three doses of jaborandi before bedtime, with a mustard foot bath, will usually relieve the patient. In measles the happiest results have followed its use in his hands, administered before the eruption has made its appearance. In albuminuria, following scarlet fever, with more or less general anasarca, he thinks we have in jaborandi a remedy by means of which we

can force the skin to perform the work of its co-laborers, the kidneys, thereby securing for a longer or shorter time the necessary rest to those organs.

Dr Tascher does not neglect to refer to the depressant action of jaborandi on the heart, and admonishes against its use in low or asthenic conditions of the system. It is in the acute, sthenic febrile and inflammatory affections of childhood that it is indicated. The dose for a child one year of age is from three to ten minims of the fluid extract. It should be borne in mind, he says, that the dose of jaborandi for a child is relatively larger than for an adult.

THE USE OF ATROPINE IN CORYZA.

The power possessed by atropine of diminishing the secretion of the nasal mucous membrane led Gentilhomme to employ it, in acute coryza. In several severe cases, characterized by profuse secretion, fever, and difficulty of breathing, which in one case closely resembled asthma, one-half milligram of atropine given in pill form served to arrest the disease entirely. When the disease has passed through the acute stage, its administration improves the general condition, but its effect is not as striking as when given in the acute stage. Lublinski also reports decided improvement resulting from the administration of one milligram of the sulphate of atropine at the onset of acute coryza, and the duration of the disease appears to be considerably reduced by the administration two or three times daily of one-half to one milligram. In chronic nasal catarrh, however, he could not find any improvement resulting from this treatment.—*Deutsche Med. Zeit.*

BEEF TEA TOO THIN.

The Druggists Journal reproduces from the New York Herald a very interesting interview which its reporter had with a graduate, in which are given some facts and figures which, while thoroughly familiar to the profession, must have been somewhat surprising to the readers of our secular contemporary. He regarded it as a surprising thing that everybody seems to regard beef tea as a kind of essence of all the strengthening and nutritious qualities of the meat. The fact is that there is in a bowl of beef tea but little, if any, more nutriment than there is in a glass of lemonade, and he proceeds to give the reasons for this founded on the fact, well known to every professional reader, that albumen coagulates at a much lower temperature than that of boiling water used in the preparation of beef tea. Through this coagulation the albumen,

or essentially nutritive portion of the meat, becomes entangled in the meshes and firmly held there, little or none of it finding its way into the decoction. The beef tea is, at best, a palatable stimulant.

The scientific gentleman whom the reporter interviewed detailed to him an experiment which he undertook, with a view to determining the relative nutritive value of Liebig's extract of beef. Three dogs were taken and shut up in separate pens side by side. The first dog was ordered a diet of Liebig's extract of beef and all the water he wanted to drink. Dog number two was restricted to water, being allowed nothing whatever to eat, while the third animal was allowed neither food of any kind to eat, nor water. Of course the dog that had no water was the first to die, but, surprising as it may appear, the dog which was furnished with water only, outlived that which was fed on the meat extract, the latter dying with a quantity of the extract within six inches of his nose.

EDITORIAL DEPARTMENT.

MARRIAGE AS A SUBSTITUTE FOR BATTEY'S OPERATION.

At a recent meeting of the Obstetrical Society (New York), Dr. Paul F. Munde reported a case which was in brief as follows:

A widow, aged 37, had suffered intensely from neuralgic pains in the pelvic region, extending down the right thigh, and from hysterical symptoms for nearly a year, when she came under his care. He kept her under observation for two months longer, hoping to afford relief by other means than opium, which had been given in large quantities. There was no history of pelvic cellulitis, and the only pathological condition discovered was what was supposed to be inflammatory thickening of the broad ligaments. Six years before, she suffered in a similar manner, she said, and a surgeon at Dresden amputated the cervix for, as she believed, enlargement of the womb, and relief lasting for two years followed. Battey's operation with removal of the tubes seemed to offer the only prospect of relief, but the exact condition being obscure, he was loth to resort to so grave an operation, but finally yielded to the patient's wishes and removed both ovaries with their tubes. She recovered perfectly from the operation, the pain before complained of ceased, all narcotics were discontinued, and a happy result seemed to have been attained. Soon, however, the former neuralgic and hysterical symptoms returned,

worse, if anything, than before, and about three months after the operation the woman suicided.

Dr. Gillette said that he had two patients under care upon whom he hesitated to perform the operation, though it seemed indicated by the subjective symptoms, because, as in Dr. Munde's case, the operation so often failed to give permanent relief, and because the symptoms might pass away in the event of new sexual relations being assumed. He cited, as illustrative, the case of a widow, who a year before had consulted him for constant pelvic pain, which rendered life almost unbearable. She gave a history of two or three attacks of pelvic cellulitis, which were succeeded by a pain which persisted in spite of all measures employed. Menstruation had been painful, and irregular as to time, but constant as to quantity. This had been her habit through life. She seemed in good health, was well nourished, and had never been pregnant. The pelvic organs were extremely sensitive, and pressure over the ovaries elicited sharp pain. To make a long story short he diagnosed the case as one of pyo-or hydro-salpingitis, and as a last resort advised an operation. She said if her sufferings continued, she would not hesitate, for with them life was a burden. Soon after she went to Europe, and on the steamer met a gentleman whom she married soon after her return. From that time all pain disappeared, and so far as she knew, or the doctor could ascertain, she was as well as any woman, and there was now absolutely nothing to indicate disease of the pelvic organs. Undoubtedly the case was one—not at all uncommon among widows—of reflex irritation consequent upon ungratified sexual appetite. The patient herself, a very intelligent lady, did not hesitate to join in his last diagnosis of her condition.

Another similar case was that of a woman who had been a mistress, but was now under a certain religious restraint. Since her sexual relations were changed, pelvic symptoms had developed, and beside constant and wearying pelvic pain she had hystero-epilepsy. Enlargement of the tubes could not be made out with perfect certainty, but all her other sexual organs were highly hyperæsthetic, and at times almost in a state of inflammation. She had formerly indulged in sexual excesses, and in his opinion her case was almost identical with the first. A number of physicians who had seen her, advised removal of the ovaries and tubes. These cases seemed typical of cases heretofore operated upon, and probably if the ovaries had been removed the pelvic symptoms would have disappeared. The fact that one of them had been cured by the resumption of a normal function was interesting, and should teach us to pause ere we recommend the

operation to young or unmarried women. Reflex irritation from the sexual organs also produced strange phenomena in the male, and many of the nervous conditions and perturbations of men might be attributed to ungratified sexual desire. Ungratified sexual appetite created a most unfortunate series of phenomena in either sex, particularly in the female, and should always be estimated in considering so serious an operation as Battey's or Tait's. The modesty and native secretiveness of woman would rarely assist us in such cases by an avowal or confession, but we should use every effort to determine the exact psychological state of unmarried women who were willing to submit to the severest surgical alternative for the relief of pelvic distress.

Dr. Munde thought the fact that one case recovered after marriage, was proof that the indication for the operation did not exist.

Dr. Gillette responded that the diagnosis of salpingitis was not a positive one, but all the subjective symptoms of the condition were present. Where enlargement of the tubes could be recognized with certainty, the operation should be done as soon as consent could be obtained.

NEW MODE OF TREATING FISTULA IN ANO.

Dr. Rochie proposes the following in the *Medical Press*:

There are few surgeons who have not witnessed the healing of large urinary fistulæ by having the urine drawn off so often and so effectively as not to be allowed to pass into the false opening. I have known a barrister who cured himself of an extensive loss of urethral tissue by drawing off his urine through a catheter very frequently, and by constant cleanliness to the part affected. Now, to bring fistula in ano and its circumstances as near as possible to those of the urethra would be a rational demand on the surgeon. Well, pondering on this, for the first cases that presented themselves, I advised that the bowels should be kept gently open by sulphar and senna electuary, a teaspoonful every night, thus keeping the contents semi-fluid, so that they might pass easily and quickly through the end of the gut and in imitation of the action of the catheter elsewhere, I enjoined that, at each stool the patient should throw into the bowel some tepid water in which was a little soap dissolved, and when the sitting was completed that the end of the bowel should be well washed with the same fluid. The fæces were, by this means, carried quickly and easily through the gut contiguous to the fistula, and there was the nearest thing to a safeguard against the foul discharge entering the internal opening of the fistula, were such to

exist, or lying in a decomposing state so close to a sore as to prevent it healing. My anticipations were verified in every respect. The cure seemed marvelous. I may here remark I never saw a case where there was an internal opening, excepting two of recto-vesical fistulæ which with catheterization and rectum cleansing were not equally satisfactory. I have had some cases where there was considerable false membrane lining the fistula, and where I passed into the bottom of the track, a lint shred dipped in acetum cantharidis, to be drawn out when the itching set up became very severe, and which answered most admirably. I was so elated with my success that I actually thought I would succeed in closing a fistula by this treatment in a patient who was in the last stage of leprous consumption but I did not. As an instance of the comparative worth of my treatment, I may mention that some time ago I had a patient, a civil engineer, who had been twelve years in Central India. He was a free liver and had an immense frame, he suffered from fistula in ano for three years in India brought on by dysentery, he was subjected to much treatment there by an experienced surgeon. He, however, was invalided, and was under the care of an eminent Dublin professional man, who, I was informed, passed solutions of iodine and nitrate of silver into the fistula. When I saw him, a large abscess was forming on the other side of the rectum to the fistulous side, which Mr. M. ascribed to the numerous injections that were made with a view to obtain a cure. I opened the abscess and ordered the bowels to be kept open with sulphur and senna electuary every night, and the rectum to be injected with tepid water before and after each stool, and the end of the gut to be washed down every night before retiring to sleep so as to ensure that no feces could be in the fistula or adjacent to it, and in less than a fortnight the opening, which was rebellious for four years, and the other one following the abscess were healed, and without any assistance from drugs being passed into either. Though this patient consumed alcohol inordinately there was no recurrence of the disease to a short time before his death when I made the last inquiry. I have no doubt as to the utility of the rectum-cleansing treatment in every case, and I am sanguine that with gentle stimulation to the liver and the judicious application in some cases of acetum cantharidis, the barbarous, painful, comparatively dangerous, and, on the whole, unsuccessful treatment by the knife will, if not altogether abandoned, be relegated to those rare cases which will serve to recall as much as anything else, the history of past rectal surgery.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

ARE THEY ASHAMED OF THE NAME?

A NON-PROFESSIONAL friend recently called our attention to the fact that while one could not long peruse any homœopathic journal without discovering to what "school" it belonged, the eclectic journals, with three or four exceptions, differed in no respect, that he could see, from allopathic periodicals of a like degree, even the name eclectic being withheld from the cover. He intimated that they doubtless derived additional patronage thereby, both from advertisers, and from subscribers belonging to other schools of medicine, and suggested, as a point of policy, that we drop the word eclectic from the name of the JOURNAL. We could not deny the seeming truth of his statement, for of the journals supposed to be "devoted to the interests of eclectic medicine" we have beginning nearest home.—*The Eastern Medical Journal*, *The Medical Tribune*, *The Keystone Medical Journal*, *The Chicago Medical Times*, *The American Medical Journal*, *The Minnesota Medical Mirror*, *The Kansas Medical Journal*, and one we believe in California, upon which the name eclectic does not appear, while of those which announce themselves as eclectic, one or two contain but little of that doctrine. Are they ashamed of the name, or does policy prompt its omission? This question seems the more pertinent because our old school friends —they do not like to be called allopaths, which means something—have abused and denounced us, not because we believe in eclecticism, not even because we practice it, but because we insist upon letting the world know that we both believe and practice it. They have over and over again assured us that if we would only renounce the name—still better if we would denounce it—the fatted calf would be killed in honor of the return of "the prodigal," and there would be no end of rejoicing over the whilom eclectic turning from the error of his ways. They even say that we may believe and practice eclecticism, or anything else we like, provided we will only do it on the sly, and they generously offer to "meet" us, especially when a good fat fee will accrue to them thereby. Now these are tempting proffers, and not to be lightly rejected. Does the name mean anything,

and if not why not drop it? for there is no virtue in mere opposition to popular views unless we have better views to substitute for them. To us eclecticism means all that is best in medicine, and beneath it is a principle that will never die. "All history shows that men cannot and will not fight for a principle that has no name, they need something to rally around, and our rights and the respect to which our principles are entitled, are not to be secured by denying or concealing those principles, or by humbly soliciting any crumbs that may fall from the allopathic table." And so shall we drop the name eclectic? No! a thousand times no! It is no time to show the white feather, while the majority of hospitals, colleges, the army and the navy, continue to deny entrance to our principles, which nevertheless are steadily and surely gaining ground. During the struggle for American independence there were those, who, weary of the war, would have welcomed peace on any terms so long as their own safety could have been assured. The names of those men have come down to this day as those of traitors and poltroons. So too with eclecticism, founded, as it is, upon eternal truth, if we with victory perched upon our banners, trail them in the dust, or surrender or deny our faith for patronage which we do not need, for associations with which we cannot affiliate, for consultations which we do not want, we are indeed traitors of the basest sort, and our names shall justly become a hissing and a by-word.

THE THIRST FOR UTERINE BLOOD.

Anyone who reads carefully the monthly medical literature, can hardly fail to note the increasing frequency with which the most heroic measures in uterine surgery are undertaken. Without wishing to ignore the just claims of operative gynecology, we cannot refrain from urging the expediency and wisdom of giving more attention to the *medical* treatment of uterine disease. There is no doubt that the latter branch of our science has been too much neglected in the craze for operative procedure—that many operations have been done more because they were fashionable than for any good conferred by them upon the patient. It is so easy to gain credit by such procedures, that many have yielded to the temptation, even when the operation was neither needed nor justifiable. Then too the uterus is so long suffering and non-retaliatory, that it invites all sorts of inroads upon its textural integrity. Just as the taste of blood changes the cub that had been tamed, into a ferocious and dangerous beast, so the shedding of uterine blood seems to beget an insatiety for gynecological operations which, when once established, is sometimes

dreadful to contemplate. Cases are on record in which surgeons have begun by timidly incising the os, have then excised the cervix, body, and fundus of the uterus; and finally, when ovaries were included in the ablation, have actually mourned that nothing more was left to conquer. The fact that some of these get well may help to prove that, gynecologically speaking, the uterus and its appendages are incumbrances. But the other side of the argument is, that women who are not operated upon, whose uteri know not the knife, the scissors, ecraseur, or pessary, also get well. This is certainly great comfort to the ordinary practitioner who could not diagnose a case of pyo-salpingitis if he should meet it, and knows oophorectomy only as an operation more to be dreaded than the condition for the relief of which it is undertaken, and who entertains a healthy fear of disturbing peritoneal coverings, of poking pessaries into the bladder or through Douglass' cul de sac into the abdominal cavity, of mistaking the uterus for an ovary, or of any of the other trivial accidents which occasionally happen in the higher walks of gynecological life. The fact is that the desire to cut, twist, burn, amputate, electrolyze, and pessarize the uterus, has amounted almost to a mania. The aspiring gynecologist who has been unable to devise a new operation, invent a speculum, or modify an old one, has been compelled to infuse his energies either into a new cautery iron, a novel back-action currette, or a manifold self-acting elevator. If, perhaps, he fails in every other way in encouraging operative procedure, he gives a new and important twist to a pessary, establishes a principle, and makes a reputation. But if the time has come for a change of opinion, if the worst must come to the worst, advocates of the new doctrine can do no more than arrest the study of surgical statistics, and, as a possible consequence, create a corner in uterine pathology. In any event we believe in giving the uterus one more chance.

AN EFFICIENT, CONVENIENT AND CHEAP NIGHT URINAL.

We recently had occasion to test a variety of night urinals in a case of atony of the bladder iu the male. They all proved more or less unsatisfactory, in conducting off the urine, and keeping the bed dry and free from the odor which is so disagreeable a feature of such cases. We finally procured a good "condom," and cutting off one end made it fast to a piece of rubber tubing about three feet long. The condom was passed over the penis and retained in place by a tape passing under the scrotum. The rubber tube was passed through a slit in the mattress and into a

receptacle for the urine under the bed. He wore it without difficulty, after a little, turning on either side easily, and altogether it contributed much to his comfort. No doubt a manufacturer could improve on this, making the tube and condom all one, but rude as the contrivance was, it was incomparably better than the articles in the market designed for such use, costing from three to eight dollars.

WORDS OF COMMENDATION.

The wisdom of the step taken in reducing the price of the Journal to one dollar a year, is already apparent. From all sides we have heard words of commendation and praise, and considerable enthusiasm has been manifested by friends of the Journal. At the recent State meeting, Dr. H. G. Newton, after alluding to the recent change in very warm terms, said he proposed to constitute himself our agent, and felt confident he could easily procure a number of new subscribers. He proposed that each member should do likewise. Dr. Howes said the announcement in the Journal of his change of address brought him practice which he otherwise would not have had. He expected to procure twenty-five new subscribers. Dr. Gerald knew of five, at least, he could get. Dr. Perrins declined to accept the reduction so far as amount paid was concerned. He would, hereafter, take two copies instead of one. Dr. Miles paid for a year's subscription, to be sent to his aged and revered preceptor. Dr. Geddes thought a little missionary work might be done among the members of the society. Dr. Bailey thought the physician might further his own interests and those of the Journal, by extending its circulation among his own patrons. A number of gentlemen paid for a year's subscription to be sent to friends. Friends in distant parts of the country, among them Prof. Younkin, of St. Louis, and Dr. L. T. Beam, of Pennsylvania, president and vice-president of the National Association, have written very pleasant things, and—all unsolicited—have sent lists of new subscribers. We certainly appreciate to the full these expressions of friendly interest and good feeling, and will endeavor to repay them by making the Journal of increased interest. We invite all of our friends to aid us in this effort to extend our circulation and influence. Our circulation doubled during 1883, and is now larger, by a considerable, than the great majority of monthly medical journals. We have every reason to believe that it will increase in the same proportion during the current year. Our mailing books are always open to the inspection of anyone who cares to see them.

PERSONALS, BRIEFS, ITEMS, ETC.

Dr. Gafford proposes that when the stomach of a fever patient rejects the water which his system craves, it should be administered by enema. He insists that the intense thirst may thus be relieved. Certainly no objection can be urged against this rectal watering. ———*Dr. R. Barrett an esteemed* practitioner of twenty-nine years, who has never before given a public endorsement to *any* preparation, has had remarkable success, he says, with Mellin's Food in the malnutrition of infants. "It is one of the grandest discoveries of this century, and as much a boom to us as any of the advances in the arts and sciences of the day," is what he says of it.———*At the instigation* of the Medical Society of the County of New York, suit to annul the charter of the Eclectic College of the City of New York has been entered.———*Who says it is unhealthy* to sleep in feathers? Look at the spring chicken, see how tough he is.———*It is proposed to apply* a luminous paint to parts of a harness, as the collar or blinders. It is an English preparation and absorbes light by day and gives it off at night. Why could it not be made a good thing for a country physician to use, who has much night riding?———*J. Mathews Duncan of London* has recently expressed very decided views as to the evils of pessaries (page 82). We also believe that, as generally made, they are often productive of harm, but our attention was called some months since to Farr's Patent Pelvic Uterine Supporter, and this we regard as affecting all that is claimed by the most enthusiastic advocate of pessaries, and at the same time open to none of the objections urged against them. It consists of two cups connected by a flexible stem. The upper cup receiving the cervix, while the ring of the lower rests on the pelvic floor, thus having a firm and natural bearing. As usually made pessaries distend the vaginal walls and thus perpetuate the cause of the prolapse. It needs but a glance to be convinced that this one will not do that, and this we deem a matter of vital importance. We heartily recommend them.———*According to the Pacific Medical and Surgical Journal*, a bandage applied above or below the knee, preferably the former, is an easy and effectual method for the cure of cramps.———*The Regents of the University* of the State of New York, have, according to the Medical Record, refused to grant a charter to the United States Medical College of New York City.———*The London Practitioner* says: "In order to aid the defective action upon starch, the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase, "Maltine." But, in order to make this ferment operative, it must not be taken after a meal is over, but

should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses like matter and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed, its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the Maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some Maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition." We have reason to know that it is equally effective with adults.———*According to the Scientific American* coating windows with a thin film of glycerine will prevent them from frosting. Try it.——— *The New York Court* of General Sessions has decided that the law requiring a graduate from another state to have his diploma countersigned by a medical college in New York, is void.———*President Younkin's* address is 20th and Morgan Streets, St. Louis, not 813 North 21st Street, as given in a recent issue of the National Transactions.

BOOKS, PAMPHLETS, ETC.

FOURTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH, LUNACY AND CHARITY OF MASSACHUSETTS, 1883.

This report contains much interesting matter. The Statutes of 1882 and 1883, relating to the adulteration of food and drugs, is followed by a paper on the "Adulteration of Food," prepared by Prof. S. P. Sharples. He affirms that the extent of adulteration has been greatly over-estimated, so far, at least, as the introduction of products injurious to health is concerned, the greater number being such as are simply fraudulent in a commercial sense. "Our Eyes and our Industries," is the title of a paper by Dr. Jeffries, in which much valuable information is given as to the causes which tend to produce defective eyesight among artizans, and in school children who are to recruit the ranks of professional and commercial life.

The case of a former resident of Salem, who, after an absence of several years spent chiefly in the Sandwich Islands, returned to his native city in December 1882, suffering from leprosy, is mentioned in a paper in which the history, symptomatology and contagious nature of that disease are discussed. Among other subjects are the "Reports of Water Companies and Water Boards," and "The Sewerage of Nahant."

United States Salary List and Civil Service Law. H. N. Copp, Washington, D. C.

The Civil Service alone embraces more than 100,000 persons. Much information is given of these, and the salary list is transcribed from the official list.

The American Journalist, 505 Chestnut Street, St. Louis.

A handsome journal devoted to professional writers. It gives interesting sketches of noted men in the newspaper world.

The Medical Era. Chicago: Gross & Delbridge.

This is a sprightly journal devoted to "pure" homœopathy.

The Nutshell History of Ireland. Boston: Donahoe's Magazine.

Those who lack either the time or inclination for perusing a volume on Irish history, may, if so disposed, gain a very good knowledge of the subject, by devoting a few leisure moments to the "Nutshell."

Handbook for Readers in the Boston Public Library.

This little volume, printed by order of the Trustees, will prove both useful and convenient, as it contains full details as to contents, and regulations, of the library.

The Medical World. Philadelphia. A new medical monthly.

The Biographical Magazine. New York: The Pictorial Associated Press.

A monthly periodical giving short sketches generally accompanied by portrait, of persons of note.

Catalogue of Books. Houghton, Mifflin, & Co., Boston and New York.

They publish a Monthly Bulletin of new books which will be sent free to any one requesting it.

Foreign Bodies Swallowed and Passed per Rectum.—To the Medical Society of London Dr. Munro exhibited a portion of a chain, three inches and a quarter long, which had been swallowed by an infant aged eighteen months, and passed per anum after twenty hours. Mr. Henry Morris outlined the case of a young man who had swallowed an aluminium pencil-case, such as might have formed a pendant to a chain. This was ejected after five days, and was then found to have undergone changes in color and substance.

RECEIPTS.

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received for the month of January:

C. E. Miles 1, J. Jackson 1, M. Green 1, F. L. Gerald 1, R. W. Geddes 1, A. L. Chase 1, Wm. Bailey 1, J. Aldrich 1, N. Jewett 1, H. G. Newton 1, W. A. Perrins 1, W. C. Bean 1, L. T. Bean 1, G. W. Brown 1, Leopold Babo 1, O. P. Crane 2, J. Campbell 1, A. B. Conklin 1, A. B. Drake 1, G. W. Emmerson 1, L. M. Gould 1, R. Green 1, W. A. Hubbard 1, W. O. Hurd 1, W. R. Hayden 1, Library Surg.-Gen. Office 1, D. J. Lyster 1, M. F. Linquist 1, C. P. Martin 1, S. B. Munn 1, S. F. Newton 1, G. E. Potter 1, Chas. Putnam 1, G. F. Roach 1, L. A. Schroeder 1, G. W. Stimpson 1, H. D. West 1, A. Wares 1, W. A. Wyman 1, A. Yeagley 1, C. Whitney 1, J. E. Boulton 1, T. S. Chambers 1, T. W. De Courtney 1, R. H. Rice 1, G. Freeman 1, Nath'l Finch 1, J. Q. French 1, N. Patterson 1, T. B. Wiggin 1, J. Sinnott 1, A. E. Smallwood 1, J. F. Lamson 1, Robt. C. Rand 1, T. Burke 1, R. A. Learned 1, H. F. Harbeck 1, G. Hardy 1, W. Costello 1, G. H. Nash 1, T. Nahrung 1, S. P. Barker 1, E. W. Atwood 1, S. R. Evans 1, D. Pike 1, O. H. Phillips 1, L. E. McDermott 1, G. A. Daniels 1, N. Soper 1, F. Shapley 1, D. E. Hutchinson 1, B. G. Read 1, R. G. Laffy 1, O. B. Morgan 1, L. R. Lewis 1, C. R. Parks 1, M. N. Wilson 1, H. T. Wilcox 1, T. Ostrander 1, H. C. Howes 1, H. S. Cleveland 1, R. W. Spencer 1, E. N. Barnes 1, Nath'l Atherton 1, H. D. Bush 1, D. E. Felix 1, R. N. Chrystal 1, S. W. Fewkes 1, Mrs. T. Clark 1, W. H. Barney 1, H. H. Barney 1, A. Barlow 1, D. P. McCole 1, W. D. Emmerson 1, T. Lord 1, J. S. Smith 1, S. E. Davis 1, E. W. Winter 1, H. R. Peaslee 1, B. P. Welch 1, G. H. Layow 1, E. E. Sylvester 1, T. Shipton 1, H. Y. Nichols 1, J. A. Ray 1.

STATE ASSAYER AND CHEMIST FOR MASS.

Sanitary and Medical Analysis.—Hygienic Research.—Forenic Examinations.

——Expert Testimony and Investigation.——

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(CORRESPONDENCE INVITED.)

OLEATES.

These preparations are salts formed by the union of oleic acid with the respective bases indicated. They are designed for external application, and owe their superiority to the well-known penetrative property of oleic acid. Their medicinal action is entirely dependent on their bases which are quite readily introduced into the circulation when applied epidermically in this form. As a means of securing the constitutional effects of these bases, their application in the form of the oleates offers many advantages, which will be readily appreciated, especially in the treatment of children and in cases of irritability of the stomach.

Although the advantages to be derived from the combination of bases with oleic acid were recognized as early as 1872, the use of these compounds has not become general, and principally because of defects in the pharmaceutical preparation, the original crude method of their preparation not having been improved upon. Within the past year Dr. J. V. Shoemaker, of Philadelphia, has made the subject of the oleates one of especial study and experiment, both from a pharmaceutical and a clinical standpoint. The result has been the production of a number of very eligible compounds, and the discovery of therapeutic properties hitherto unrecognized. We have secured from Dr Shoemaker full information touching his methods, and are now prepared to furnish oleates of the following metals, which have been found of great value in the affections indicated:

ALUMINIUM.—A valuable astringent, serviceable in eczema, and as a dressing for burns.

ARSENIC.—This preparation contains twenty (20) grains of oleate of arsenic to the ounce, and is employed as a caustic in the treatment of lupus, epithelioma, etc.

BISMUTH.—An excellent emollient application.

COPPER.—For the treatment of ringworm, etc.

IRON.—Readily soluble in the fats, and useful both as a local astringent and as a general tonic.

MERCURY.—Usefnl as a discutient to inflammatory exudates, and for the constitutional effect of the metal.

LEAD.—A cleanly and efficient substitute for Hebra's Diachylon ointment.

SILVER.—An excellent application in pruritus and in erysipelas.

ZINC.—An impalpable powder and of great value in intertrigo (chafing).

—OLEATES OF ALKALOIDS.—

OUR LIST OF THESE COMPRISES:

ACONITINE (2 per cent. of the alkaloid).
ATROPINE (2 per cent. of the alkaloid).
MORPHINE (10 per cent. of the alkaloid).
MORPHINE AND MERCURY (5 per cent. morph. and 20 per cent. mercuric oxide).
QUININE (25 per cent of the alkaloid).
STRYCHNINE (2 per cent. of the alkaloid).
VERATRINE (10 per cent. of the alkaloid).

—OINTMENTS OF OLEATES.—

These contain the several metals mentioned above. They are much more cleanly than ointments as ordinarily prepared, and for all the properties of ointments are much to be preferred.

Circulars fully descriptive of the above, and such other information touching the therapy of the oleates as has appeared, will be furnished gratis on application.

Parke, Davis & Co.,
Manufacturing Chemists, - DETROIT, MICH.
NEW YORK: 60 Maiden Lane and 21 Liberty Street.

PINK GRANULES.

PINK GRANULES are diminutive pills, containing minimal doses, and coated with sugar, to which a pink coloring has been imparted. They are an exceedingly attractive form for the administration of medicines, and are especially adapted to children, the dose being regulated according to the needs of the youngest, and the appearance being such as to remove from them all suggestions of a disagreeable nature. In the case of fastidious women, also, the Pink Granules are a desideratum. In such cases as require the exhibition of small and frequently repeated doses they will, moreover, be found to be very pleasant and convenient.

Our Pink Granules are placed on the market on a legitimate margin of profit, and unprotected by any patent or copyrighted trademark or name. In these respects they differ from similar preparations put out by competing houses. It is the policy of our house to seek no other monopoly of any particular product than such as is the legitimate outcome of superior enterprise and skill in manufacture. Any other protection than this is for the purpose of securing exorbitant profits, is in direct violation of express provisions of the Code of Ethics to which the great majority of medical practitioners have either formally or tacitly subscribed, and is contrary to the spirit of the humanitarian profession of medicine, of which pharmacy is a branch.

COMPRESSED TROCHES.

Actuated by the ethical considerations referred to above, we have also placed before the profession our Compressed Troches. Our formulæ comprise POTASSIUM CHLORATE, POTASSIUM CHLORATE AND BORAX, and SODA MINT. These are guaranteed equal to any similar preparations under similar name, in the market, and have the advantage of being lower in price and entirely unobjectionable to the ethical practitioner.

We respectfully request that physicians desiring the above forms of medicines will specify them by the names which we have given them, and, in order to avoid possible substitution on their prescriptions, that they will also specify our manufacture by the addition of "P., D. & Co." By so doing they will both effect a saving to their patients and assist in ridding reputable medicine and pharmacy of the copyrighted trade-mark abuse, which is being fostered by their support, and in direct antagonism to both the interests and ethics of the profession.

PARKE, DAVIS & CO.,

Manufacturing Chemists, DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Ridge's Food for Infants and Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York*. The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best"; and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞ *PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered.*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

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ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ Especial attention to manufacturing for Physicians from Private Formulas.

MELLIN'S FOOD

TRADE ORA ET LABORA MARK.

FOR INFANTS AND INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

MELLIN'S FOOD is entirely soluble.

MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

MELLIN'S FOOD is the best food for well infants.

MELLIN'S FOOD is the best food for insufficiently fed nursing infants.

MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

DOLIBER, GOODALE & CO.,

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Correspondence from Physicians Promptly Answered.

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FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil	80 m. (drops.)	Soda	1-3 grains.
Distilled Water	35 "	Boric Acid	1-4 "
Soluble Pancreatin	5 grains.	Hyocholic Acid	1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,

HYDROLEINE,

WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

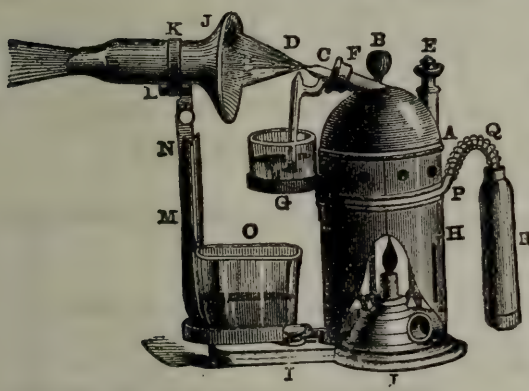
To brain-workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

KIDDER & LAIRD, Agents for the United States,

Price at Retail, $1.00 per Bottle. Depot, 83 John Street, New York.

CODMAN & SHURTLEFF'S
ATOMIZING APPARATUSES.
PRICES REDUCED.



THE COMPLETE STEAM ATOMIZER.
(Patented.)

All joints of boiler are hard-soldered.

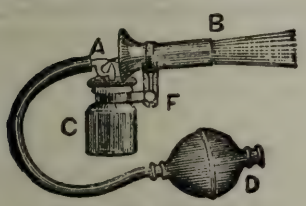
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It cannot be injured by exhaustion of water, or any attainable pressure, and it will last for many years.

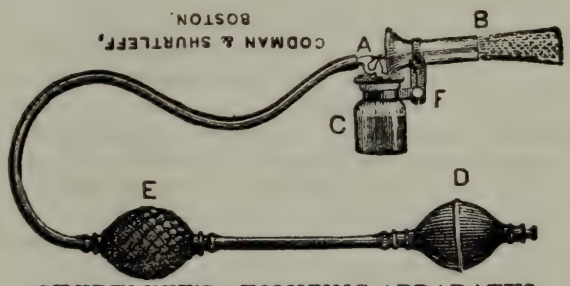
It does not throw spurts of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price $5.00. Postage 57 cents.

Brass parts, nickel-plated, additional, $2.00.

Neatly made, strong Black Walnut Box, with convenient Handle, additional, $2.50. Postage 44 cents.



CODMAN & SHURTLEFF,
BOSTON.
THE BOSTON ATOMIZ R.
(Patented.)



(SHURTLEFF'S ATOMIZING APPARATUS.
Patented.)

The most desirable Hand Apparatuses. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Prices see below.

The Bulbs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect. Also

Antiseptic Atomizers, very complete and thorough		$12.00, $15,00. $25.00
Atomizer by Compressed Air, with regulating self-acting cut-off		45.00
Shurtleff's Atomizer, see cut	Postage 24 cents	3.50
Dr. Clarke's Atomizer	" 20 cents	3.00
The Constant Atomizer	" 20 cents	3.00
Dr. Knight's Atomizer	" 12 cents	2.00
The Boston Atomizer, see cut	" 16 cents	2.50
Atomizing Tubes in great variety		25 cents to 15.00

For full description see NEW PAMPHLET on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American practitioner, together with descriptions of the best forms of apparatus, which will be sent, post-paid, on application.

Plaster Bandages and Bandage Machines, Articles of Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, etc. Electrical Instruments for all Medical and Surgical Uses, Hypodermic Syringes, Ice and Hot-Water Bags, Manikins, Models, Skeletons, Skulls, etc., etc. Naturalists' Instruments, Sphymographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber Urinals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, etc., etc.

Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception, they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

SEE OUR OTHER ADVERTISEMENTS IN SUCCESSIVE NUMBERS THIS JOURNAL.

NEW ILLUSTRATED CATALOGUE POST-PAID ON APPLICATION,

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

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BEEF PEPTONOIDS,



A Concentrated Powdered Extract of Beef, Partially Digested and Combined with an Equal Portion of Gluten.

WE have pleasure in presenting, for the consideration of the Medical profession, "BEEF PEPTONOIDS." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

BEEF PEPTONOIDS contains *only* the *nutritious portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescense, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONOIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONOIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

BEEF PEPTONOIDS *is much less expensive than any other preparation in the market, as it contains neither water nor inert matter.*

The favor our preparation of BEEF PEPTONOIDS received at the hands of DRS. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, &c., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also, how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of DR. D. W. BLISS, in New York *Medical Record*, July 15th, 1882, in which he so frequently refers to BEEF PEPTONOIDS, having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

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Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants, Per Rectum in all cases where the stomach cannot digest the food, and in debility resulting from any cause. Also, a valuable adjunct in voyages and camp life.

We will be pleased to have the Profession everywhere test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also, circulars fully explanatory.

For sale, in four ounce handsomely decorated tins, price $1.00. For the convenience of, and economy for, the Medical Profession, we also put up Beef Peptonoids in 16 oz. tins, which will be sent to any address, post-paid, on receipt of $2.50.

Thanking the Profession for generous support in the past, we beg to remain, very respectfully,



REED & CARNRICK,



182 Fulton Street,

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MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
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MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
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THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

B. F. HAMMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

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WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

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MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

☞ We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

Address, **The Maltine Manufacturing Co., JOHN CARNRICK, President.**
(Of Reed & Carnrick, Manufacturing Chemists and Pharmacists.)

NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injnries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawu. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80¼ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine*. Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

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Made at Cham, Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND **PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.**



TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

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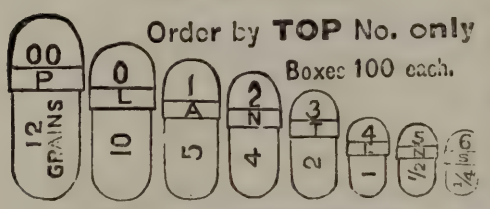
*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

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RECTAL, 3 Sizes 3, 6 and 12 grain.

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Nipple Shields and Breast Pipe.

For use in cases of Sore or Retracted Nipples.



GEYER'S UNIVERSAL NIPPLE SHIELD. PAT'D DEC. 14, 1880.

The peculiar construction of these Nipple Shields effectually obviates the difficulties usually experienced in the use of artificial appliances for nursing, entirely avoiding pain and suffering.

Geyer's Crescentine Breast Pipe is so constructed that it is the best appliance now in use for drawing the milk from the breast as it can be used without the least difficulty, and in case of Sore Nipples it has no equal.

MANUFACTURED BY

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35 Third St., East Cambridge, Mass.

Send for Circular.



DR. WADSWORTH'S UTERINE ELEVATOR.



Made of soft India-Rubber, *without Lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The best Pessary ever invented. So say thousands of Physicians from Canada to Texas. ☞Send for Pamphlet. Price to Physicians, $4.00.

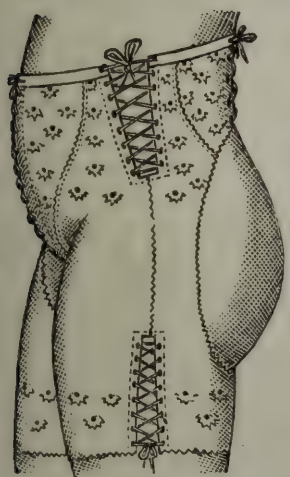
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The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, ***GILLIFORD'S SOLUTION,*** an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. M'f'd and sold by R. H. GILLIFORD, M. D., Allegheny, Pa. In half pint bottles, ***$1*** per bottle, exp'd, on receipt of price. Sample free except expressage.

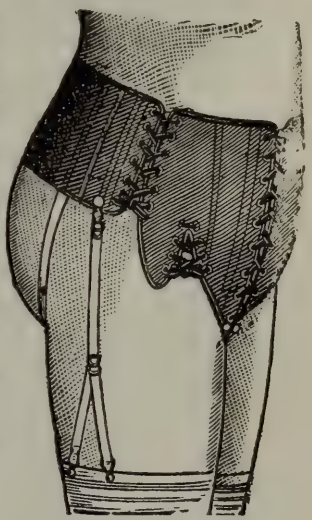
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Measurement must be accurate to insure perfect fit.

Retail Paice, with leggings, $15; to Physicians, $10;
Without leggings, $12; to Physicians, $8.



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Unrivalled in treatment and cure of all forms of Hernia.

Fig1.



FARR'S

IMPROVED

FLEXIBLE UTERINE SUPPORTERS

SOLD BY ALL DRUGGISTS.

Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups Nos. 1, 2 and 3. Two length Stems, 2¾ and 3 inch.

Fig2.



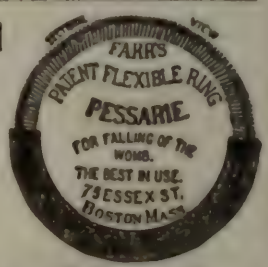
The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5 00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4 00
Improved Belt, without Cup, as shown in Fig. 1,	3 00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2 00



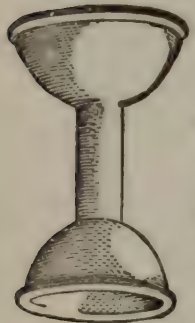
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, 2¼-inch outside diameter.
No. 4, 2½-inch outside diameter.
No. 5, 2⅝-inch outside diameter.
No. 6, 3-inch outside diameter.
No. 7, 3¼-inch outside diameter.

Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

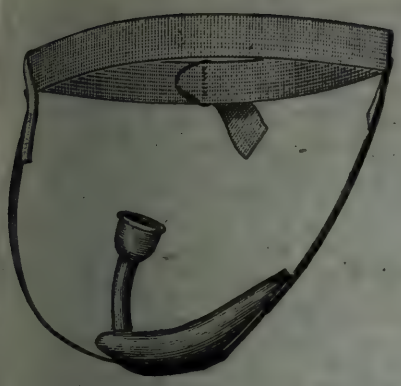
SOLD BY DRUGGISTS and SURGICAL INSTRUMENT DEALERS EVERYWHERE



These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

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FIG. 1.



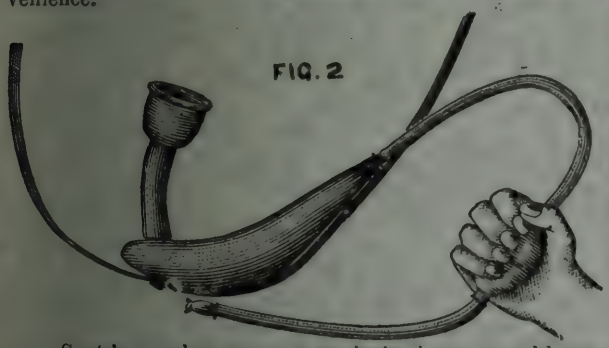
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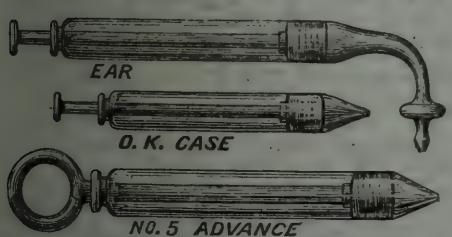
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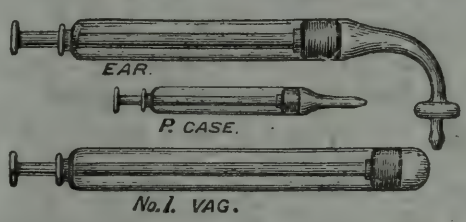
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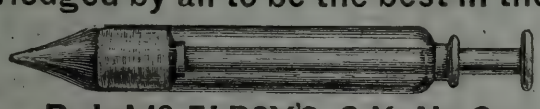
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MASSACHUSETTS
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ORIGINAL COMMUNICATIONS.

*HAMAMELIS.**

BY PROF. GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

HAVING devoted some time to remedies whose influence centers about the liver and other abdominal viscera, I now invite your attention to a group composed of those whose chief office it is to ward off the ill consequences of traumatism. Of these the ingenious persistence of Mr. Pond has made the first of which I shall speak familiar and useful I am glad to say to the general public.

It is good in these days of fictitious nostrums to find one so good as Pond's extract. This you are aware is only an abreviation for the extract of witch-hazel, known botanically as HAMAMELIS VIRGINIANA.

Witch-hazel is an interesting shrub, growing profusely in damp forests in all parts of the United States; and noticeable for its peculiar habit, of putting forth its golden flowerets, in the chill of early winter. It is a somewhat larger shurb than the edible hazel-nut, usually attaining a height of twelve feet or more. The leaves and the bark are the parts used in medicine; they are somewhat astringent and pungent in taste, of an aromatic odor, and yield their virtues to water. For external use a distilled extract is prepared, which is also sometimes admin-

*A Lecture delivered at the United States Medical College (1882).

istered internally, but I prefer preparations from the green tincture for internal use. The young branches have been supposed to possess magical powers in the discovery of metals and running water under ground, and are the familiar "divining rods" of witchcraft; but Mr. Charles Latimer, in his essay on "The Divining Rod," has shown that witch-hazel possesses no peculiar virtue of this sort, but that any twig or even a dry stick will answer just as well.

Hamamelin, consisting of a resin and a neutral principle, contains only partially the therapeutic power of hamamelis, and cannot be used as a substitute for the tincture, except as an astringent.

Physiological Effects.—Taken in repeated doses of a drachm of the tincture, witch-hazel causes dryness of the mouth and throat, unrelieved by drinking. The tongue becomes dry and feels as if burnt. It is coated with little white blisters, especially on the edge, and these blisters are also sometimes found on the parietes of the buccal cavity. The throat feels full as if swollen, and to lie with the neck covered is disagreeable. There are burning pains in the stomach, occasionally causing slight nausea. These pains extend downward into the intestines, causing burning distress in the umbilical region, constipation, urging to stool with ineffectual effort, and sometimes intestinal catarrh. The urine becomes scanty and consequently high colored. There is burning along the urethra, causing in some instances an almost continuous desire to pass water. Given to males it causes amorous dreams, with emissions, followed by mental depression and physical lassitude; in women it causes vaginitis and vaginismus and asthenic hæmorrhages between the menstrual periods. It produces venous stasis in the brain, with a feeling of fullness, and the concomitant symptoms of congestion. The headache is worse after lying down, or in the morning on awaking, and becomes insupportable on bending forward. There is ringing and buzzing in the ears with transitory deafness; painful soreness and weakness in the eyes, which become bloodshot; coryza of burning, excoriating, water, with frequent and violent sneezing; and pains in the facial and cervical muscles. On lying down there is a suffocating sensation, with a feeling of constric-

tion across the chest. He is awakened by a tickling cough, and expectorates thick and occasionally putrid sputa. There is a taste of blood in his mouth and he may even spit up a little blood. The voice is hoarse from thickening of the vocal chords, and talking or muscular effort bring on stitches in the lungs, worse usually on the left side; and palpitation of the heart.

Applied injudiciously externally it will cause inflammation of the superficial veins. I saw a case once in which the strong extract of hamamelis had been applied freely to a sprained elbow, resulting in phlebitis of all the surrounding superficial veins, but which was relieved by withdrawing the lotion and using the cold pack instead.

Therapeutics.—Hamamelis is related therapeutically to pulsatilla, arnica, collinsonia, æsculus, erigeron, trillium, and lycopus; and may be studied in relation to phlebitis, varicosis, hæmorrhage, neuroses, and rheumatism.

I. Witch-hazel is our great vein remedy, and in inflammation of these tubes it will be found unexcelled. If the inflammation be superficial the application of warm dressings of dilute hamamelis will prove useful. If the general fever runs high aconite may be needed to control it, but in many cases hamamelis is all-sufficient.

When phlegmasia alba dolens means inflammation of the veins of the leg witch-hazel will control it; when, however, the lymphatics are involved other treatment will be necessary.

I am accustomed to prescribe it in cases like this: The leg is much swollen and exceedingly sensitive to the touch, so much so that even the pressure of the bedclothes cause intense pain; the cutaneous veins are raised, hard, knotty, and swollen, while the stiffness and heaviness of the leg indicate a similar condition of the deeper seated blood-vessels; the skin is perhaps erysipelatous in appearance; bowels constipated; urine scanty and dark; pulse quickened; much thirst and restlessness. Absolute quiet in bed must of course in such a case be insisted upon; and the remedy is to be applied topically and systemically. The lotion will act best if it be applied moderately hot. For internal use put three or four drops of the tincture in a half goblet of water, stir thoroughly, and give a teaspoonful every hour.

Hamamelis will act equally well in uterine phlebitis, and in inflammation of the veins of the kidneys, spleen, and other abdominal viscera.

Like erysipelas, phlebitis may travel from point to point, even leaping over and attacking distant sets of veins. In this way it seems probable that some cases of galloping consumption arise. That there is such a condition as pulmonary phlebitis I think there can be no reasonable doubt; and that here hamamelis will achieve a notable success I have demonstrated to my own satisfaction at least.

A young married woman had had phegmasia dolens after her first confinement. Some months subsequently she slipped in stepping from a horse car and sprained the same leg. This caused phlebitis involving the saphenous vein. About a week thereafter she began complaining of a feeiing of tightness and oppression in the lower portion of the thorax, with constant inclination to cough. She found it almost impossible to remain in a recumbent position from increased dyspnœa when so doing. In two or three days she had a taste of blood in her mouth, and shortly after began spitting up small quantities of bright-looking frothy blood. At this point I was called in consultation. The pulse was rapid (140), small, and wiry; the temperature, $100\frac{10}{2}^{\circ}$ F. in the morning (nine o'clock) rising to 104° F. by eight in the evening. There was a marked hectic condition, with anorexia and great thirst. She complained that water didn't touch the dry spot in her throat. The sputum was similar to that of the incipient stage of phthisis pulmonalis before the period of suppurative action. Diagnosing the case to be pulmonary phlebitis, and the consensus of symptoms pointing to hamamelis, I gave that remedy in the second decimal ($\frac{1}{100}$) trituration, in doses of one grain every four hours. All the symptoms were greatly ameliorated during the first two days. On the third day the temperature only rose to $100\frac{6}{10}^{\circ}$ F., and after that did not go higher than 100° F., disappearing altogether on the eleventh day. The hæmoptysis ceased on the fourth day and the cough on the ninth. As the fever went down, appetite returned, the abnormal thirst disappeared, and the bowels moved regularly. She made a nice convalescence and has remained well now for nearly a year.

Previous to this she had shown no tendency to consumption, although it must be admitted that she had the strumous taint, and that several cousins and aunts (in the father's family) had phthisis, or had died of it.

As consumptives frequently show a diseased condition of the veins in parts usually not affected by varicosis, as for instance in the iliac and connecting veins, and in the veins of the arms, may it not be possible that there is some connection between the two? I have noticed that the radical cure of piles (that is cutting them off), has in several instances under my observation, been followed by the development of phthisical symptoms.

II. In the various forms of varicosis it will be found a most obedient servant. I cannot tell you with what delight I have watched the dilated veins shrinking up under its influence.

The most common forms of varicosis are those of the veins in the legs. The usual treatment of these varicose veins and the resultant ulcers is of the expectant order, and generally unsatisfactory alike to the physician and patient. It consists essentially of pressure applied by means of a bandage or the wearing of an elastic stocking. The patient is ordered to keep the limb as much as possible in an horizontal position. If the limb is congested, cooling applications are made; if ulcers form, pressure is resorted to; if hæmorrhage occurs it is treated as an ordinary wound. All this is palliative and arrests the progress of the disease for the time being, but it is in no sense curative, nor is it even claimed to be; and the result is that patients constantly apply for treatment who have been going the round of the hospitals for twenty or even forty years, with slow but steady progress of this apparently incurable condition. Sometimes the patient is handed over to the surgeon who tries tying the veins, forming eschars over them, or introducing threads into them for the purpose of causing coagulation; but by none of these means is the patient cured.

When however we turn to hamamelis we find a ready help out of all our trouble. In these cases I prefer a roller bandage to any other means of support, beginning at the toes and winding it snugly up to several inches above the varicosed tissue. Under this I place linen strips soaked in a dilute lotion of hamamelis, to

be changed as often as they become dry. This with the internal administration of the remedy will effect a cure.

Varicose conditions of the pharynx and larynx are not uncommon among school teachers, clergymen, lawyers, and others who use the voice unduly. A weak gargle of witch-hazel, used several times daily, for two or three weeks will usually cure these cases.

M. S., aged twenty-two, a public school teacher, applied for treatment in May, 1879. She complained of a dry, swollen sensation in her throat, worse in the evening. This dryness did not cause thirst and was not relieved by drinking either warm or cold fluids, although the sensation after drinking hot tea was pleasanter than from ice water. The voice was hoarse but she had no cough, only a sense as if something had lodged in the throat which she wanted to hawk up. A laryngoscopic examination showed the mucous tissue lining the pharynx and larynx to be slightly congested, livid in color, shiny and dry in appearance. She was furnished with a gargle of hamamelis, which she used faithfully for two weeks and then reported herself as cured.

Such a throat is often seen in gouty subjects, and you will do well to remember hamamelis.

It was at the other end of the digestive tract, in rectal varicosis, that hamamelis won its spurs.

I distinguish three conditions under which piles may occur:

a. Piles may be caused by abdominal plethora or by pelvic congestion. Where the liver is at fanlt and the stools are clay-colored podophyllum is curative, especially if the patient is worse in the early part of the day; where fulness and heat in the bowels are associated with delaying stools, poor digestion, and scanty urine, sulphur and nux vomica given alternately act well; when congestive inertia of the lower bowel shows itself in hæmorrhoids and constipation collinsonia is a grand remedy. Where the spleen is engorged or indurated, and especially if there be indigestion and palpitations, tincture of ceanothus, five drops every hour in water will cure.

b. Where constipation is the apparent cause of the hæmorrhoids, probably no remedy equals æsculus hippocastanum. Under its use the bowels begin to act normally, the pile shrinks

to a mere flap of skin, and the whole condition of the patient is decidedly improved. If there is throbbing in the abdominal and pelvic cavities, backache with the pain running round over the crest of the ilium, dryness in the rectum as if it was filled with gravel, and the pile protrudes like a bunch of purple grapes, it is specifically indicated. Berberis aquifolium will be found useful in cases where the fæces are hard and resemble sheep-dung, and are covered with blood, with great sensitiveness in the rectum, when sitting, better when standing, pulsating in the sacrum, and mental despondency and weariness of life. Dioscorea villosa is curative in those cases where hæmorrhoids and prolapsus recti are associated with diarrhœa and enteralgia. If the patient is subject to angina pectoris or to felons, the remedy is still more clearly indicated. Hydrastis canadensis in drop-doses of the tincture will cure constipation and piles, where chronic catarrh of the stomach, liver or bowels is at the bottom of the mischief. Many hæmorrhoidal patients are great sufferers from neuralgic troubles, which may take the form of prosopalgia, gastralgia, hepatalgia, proctalgia, spinal neuralgia, or some form of myalgia. These may be cured of both their piles and neuralgiæ by valerianate of zinc.

c. Lastly, without constipation, and without either pelvic, abdominal, or portal congestion, patients may suffer from piles. These are of the true varicose diathesis, and usually will be found to suffer from dilatation of veins in other parts. These hæmorrhoids usually bleed freely and are not subject to inflammation. Here the grand remedy is hamamelis, used locally and by the mouth as previously described.

In the treatment of all forms of hæmorrhoids there are certain conditions which are essential.

In the first place, all aperient medicine must be withdrawn and the patient encouraged to leave the bowels alone. Most hæmorrhoidal patients have a knack of straining as if they were in labor, and this of course aggravates the hypotasis. Such patients must be kept from stool just as long as it is possible to restrain themselves. Then, secondly, if the patient is not so ill that he is confined to the bed, he must endeavor to arrange to have the daily stool just before bedtime instead of in the morning, so that

the horizontal position may favor the return of the tumor. Walking about immediately after defecation is the worst habit a hæmorrhoidal patient can have. A small piece of sponge and tepid water should be substituted for paper. If the stool is hard or the rectum inactive, injections of pure water may be used, tepid for plethoric persons, cold for those of relaxed fibre. An occasional Turkish bath is beneficial, and the avoidance of feather beds and warm cushions. The bleeding of piles when excessive can be controlled by drinking three or four ounces of very cold water and then lying down for half an hour, or longer if necessary. If the patient has been in the habit of using an abdominal compress this must be given up altogether.

In very severe cases the importance of posture cannot be overestimated. When sent for you may find the patient writhing in pain, perhaps weeping like a child, and anxiously exclaiming that something must be done. Now in such a case through defecatory effort or some unusual exertion a paroxysm has been brought on which differs probably from many which have preceded it only in degree. Now the pain is due to hypostatic congestion, and to the fact that the tumor is caught within the sphincter muscle and is too large (being probably in erection) to be returned to the rectum. Simply raising the buttocks by placing two or three pillows underneath them and lowering the shoulders enables gravity to carry off a portion of this congested blood, and may even so far disgorge the inflamed tumor as to permit of its being pressed gently back into the rectum. The patient should be placed on the simplest diet and especially allowed no beef or mutton. Then prepare a square of old linen about the size of the palm and saturate it with the distilled hamamelis already mentioned and place it in the rectum in contact with the tumor and let it remain there. After about twelve houas it may be witedrawn and burned, and a fresh piece substituted for it. This is an important item of the treatment. In cases of robust, ruddy men (rarely in women) I substitute tincture of mikania guaco for hamamelis, especially when there is no tendency to hæmorrhage.

It should not be forgotten that *bleeding* hæmorrhoids are the kind that are most quickly benefited by hamamelis. After many years reliance upon it in bleeding piles I can say that it never

failed me in a single instance. Even when the amount of blood lost is considerable and repeated day by day for months or years, it not only cheeks the bleeding, which by itself might not be an unmitigated blessing, but it does it in the most satisfactory way by removing the cause of the trouble.

Varicosis of the spermatic veins (varicocele) resembles the same condition elsewhere, and yields to the exhibition of witch-hazel, not only on account of its general action in the varicose condition, but from its specific relation to morbid conditions of the testes.

Headache proceeding from venous stasis in the cerebral hemispheres is a species of varicosis, and quite amenable to the action of hamamelis. This form of headache is frequently only relieved by bleeding from the nose. In these witch-hazel will be found specific.

[TO BE CONTINUED.]

ARCHANGELICA ATROPURPURA: AN EFFICIENT SUBSTITUTE FOR PEPSIN IN ATONIC DYSPEPSIA.

BY ABEL WARES, M. D., HAVERHILL, MASS.

ALTHOUGH this plant is recognized by the pharmacopœia and has valuable properties ascribed to it, I do not remember to have seen its practical application as a remedy noticed by any writer on materia medica. It is an old and common remedy in domestic practice in some localities, but like many old remedies is passed by for newer and more popular ones, which really have less remedial power. The angelicas are generally administered as simple carminatives in flatulence of the stomach and bowels, but the manner of their operations or their physiological action has not been well defined. Botanically it is found in the natural order umbelliferæ, an order which abounds in medicinal plants. The seeds and roots are the parts used, and the fluid extract and alcoholic tincture are the most convenient preparations for use. The fluid extract of the seed as found in the market is dark and syrupy, with a pungent odor and unsightly appearance and patients often object to its use. The fluid extract of the root is

better, but a saturated alcoholic tincture is to be preferred, and is an elegant preparation when well prepared. These preparations become cloudy when mixed with water but do not precipitate.

The properties of the angelicas as given by the dispensatories are aromatic, stimulant, carminative, diaphoretic, expectorant, diuretic and emmenagogue. In practice I have found it to possess aromatic, stimulant, carminative and diuretic properties, but have not stndied the other properties assigned to it, though I have witnessed good results from its use where there was uterine irritation in connection with gastric disorder.

The angelica is a valuable remedy in all cases of indigestion and flatulence, but it is in that most troublesome class of gastric disorders where thc muscular coat of the stomach seems to be at fanlt—where digestion is tardy and imperfect, not so much for want of digestive agents, as for force to bring and hold the food in continuous contact with the peptic secretions that it becomes an efficient remedy. It seems to act as a temporary tonic, giving force and energy to weak and feeble muscular fibre and is more than a stimulant and carminative.

Its good effects are most marked where the aids to digestion in general use fail. Since I became acquainted with the virtues of the angelica I have had but little use for pepsin, and its many popular preparations, in atonic conditions of the stomach. Where the peptic secretions are deficient pepsine may be combined with the angelica with good effect. So far as my experience goes it is not limited in its application to age or condition, as I have found it an efficient remedy in the indigestion of infants as well as adults. It may be prescribed simple, or in combination as individual cases may indicate.

The dose of the fluid extract and saturated alcoholic tincture is from five to thirty drops according to the age of the patient, and should be taken immediately after taking food and at bedtime if flatulence exists. Glycerine as a vehicle adds to its efficacy.

For adults, where nux vomica is admissible a favorite formula with me is:

℞.	Tinct. Archangelica Atro. Rad.,	ʒ i.
	Tinct. Nucis Vomicæ,	gtt. xxx.
	Glycerini,	ʒ iii.

M. ft. mist.

Sig.—One or two teaspoonfuls in a wineglass of water after meals and at bedtime.

The following are cases illustrative of its use which I recall:

Case I. ——Perry, an infant two months old at the mother's breast, had suffered from indigestion and diarrhœa since birth. Had frequent, painful, evacuations from the bowels of thin green and yellow mucous mingled with undigested milk. The child moaned and cried incessantly and there was no rest for patient, parents, or friends, day or night. The prescriptions of the family physician and Mrs. Winslow's soothing syrup had all failed to give any permanent relief. A teaspoonful of castor oil was ordered, to be repeated if needed, to evacuate the bowels freely, to be followed by:

℞.	Ext. Archangelicæ Atro. Rad.,	ʒ j.
	Tinct. Nucis Vomicæ,	gtt. iij.
	Glycerini,	
	Aquæ, aa.	ʒ j.

M. ft. mist.

Sig.—A teaspoonful every two or three hours.

For fever and pain:

℞.	Tinct. Aconite Rad.,	gtts. v.
	Morphiæ Sulph.,	gr. 1-20.
	Aquæ,	ʒ ii.

Dose.—One teaspoonful every two or three hours if needed to relieve wakefulness and pain. The relief was immediate and permanent.

Case II. Miss A. H., aged twenty, had "not felt well" for three or four months and had been confined to her bed for two weeks. The pulse was 120 per minute, the tongue was coated white with red tips and edges, and there was continued headache, with inability to sleep, constipation, and scanty secretion of urine. The uterus and its appendages were irritable and there was distressing nausea and vomiting so that she could neither take nor retain food. The persistent nausea, vomiting, and inability to take food, had led the family physician to suggest pregnancy. In addition to sedatives as indicated for the general system, she was given for the gastric disorder a mixture containing a drachm of the tincture of archangelica and ten

drops of tincture of nux vomica in two ounces of water, of which she took a teaspoonful every two or three hours.

The remedies gave prompt relief, the patient slept the following night. There was no more nausea or vomiting, and the flatulence was speedily relieved. She was able to take food the next day, and in eight days went to the table with the family, having an excellent appetite and good digestion. The health of the lady is completely restored.

Case III. Was a produce dealer and led an active out door life. He had been the subject of atonic dyspepsia for fifteen or twenty years, but by a careful diet and out door exercise enjoyed good health generally, but if he becomes indisposed from exposure or overwork, his food was not well digested, and anorexia nausea, and flatulence followed. In these attacks angelica combined with other remedies as symptoms indicated, aided and hastened digestion, and quickly gave relief until the general indisposition was removed.

Case IV. Was a music teacher, the daughter of the above, and in easy circumstances. She suffered occasional attacks of indigestion accompanied with anorexia, nausea and distressing flatulence. The angelica gave prompt relief, and at once corrected the disordered condition of the stomach.

Case V. W., age 56, of active habits had suffered from atonic dyspepsia for twenty years. The appetite was uniformly good and the food well digested, but the process was slow and uncomfortable. There was often a sense of weight and distension, in the stomach after taking food, and this was certain to follow the taking, of more than a certain amount, or if the food was of a rather indigestible character. Acute catarrhal attacks were of frequent occurrence, and always aggravated the gastric trouble, and made digestion more difficult. There was nothing to indicate any deficiency in the food solvents, but a weakness of the muscular coat of the stomach, seemed a probable cause of the trouble.

Many remedies had been used in this case to aid and hasten digestion, but none had been found that equalled angelica for promptness and certainty in giving relief. If more or heartier food was taken than could be digested by the stomach unaided in the interval between the usual hours of taking food, the angelica

alone or combined, taken immediately after the meal supplied the needed force, and its continued use did not seem to diminish in the least its effectiveness.

CRYPTORCHIDISMUS, OR NON-DESCENT OF THE TESTICLE.

BY ROBERT A. REID, M. D.

The rapid development by which the girl becomes a woman, and the boy changes to a man, is at once one of the most striking, important, and interesting, of the physiological processes which take place in the human economy. Without going into details as to the special alterations occurring at this time, it will suffice to say that this change is coincident in the one case with the development of the ovaries, and with the development of the testicles in the other, so that the former organs become capable of casting off matured ovules, and the latter of secreting fructifying zoospermes. If from any cause, known or unknown, the growth or development of ovaries or testicles does not take place the girl never becomes a fully developed woman, and the boy grows up a shrill-voiced, smooth-faced effeminate man. Similar and equally striking results are seen in the lower animals, more especially in the males of any species, if castration be performed at or before puberty. If of two colts, seemingly alike in every respect, bred in the same stable, and from the same stock, one be castrated and the other not, the first will develop into the gentle slender gelding, and the latter will grow into the strong-necked, stout-limbed and vicious stallion. The same contrast is seen between the ox and the bull.

Non-descent of the testicle is a condition of things comparatively rare, and to it the term cryptorchidismus is applied. Curling, in his admirable work on diseases of the testes, states that among 10,800 recruits examined, only one case was found in which neither testicle had descended into the scrotum; five in whom the right, and six in whom the left, testicle was not to be found.

In the winter of '79, I saw in the dissecting room at Guy's Hospital—in which, by the way, 500 were dissecting, and no

odor that could offend the most fastidious nose could be detected—the body of a man in which no testes could be discovered in the scrotum, nor was there any cicatrix in the scrotum or anything to indicate that they had once existed and had been removed. On further search the cord was found on the right side, doubled on itself and lying in the inguinal canal, something that was evidently a rudimentary testicle being attached to the internal ring. On the left side much the same condition of things existed, but here the rudimentary testicle was in the canal and the cord again doubled, hung out of the external ring. The vas deferens communicated with the left testicle, not with the right. The man had given his age as thirty-eight. During his illness no one called to see him, and though considerable effort was made to learn his social relation—whether or not he was married and had children—it was unsuccessful, as at the address he had given on entering the wards nothing was known of him. Certainly so far as the right testicle was concerned he was sterile, and I doubt much if either was sufficiently developed to enable him to procreate.

As a rule, the testes decend into the scrotum at about the eighth month of fœtal life, but sometimes descent is delayed until after birth, and Sir Astley Cooper relates that he has seen them descend as late as seventeen years of age, while Dr. Humphreys speaks of a case as late as forty. Curling's experience, however, is that if they do not descend within a twelvemonth after birth, they fail to do so perfectly without hernia. If, therefore, they have not descended when the child is a year old, he applies a truss to prevent their coming down, or the escape of the intestine.

What are the causes of this imperfect transition of the testes? Paralysis or non-development of the cremaster muscles are among the *probable* causes, and it seems reasonable enough to suppose that peritonitis affecting the fœtus might so glue the testicle to some of the adjoining viscera as to retard or prevent its descent. The most frequent cause, however, is supposed to be smallness of the external abdominal ring, for the testicle is more frequently found in the inguinal canal than the abdominal cavity.

The chances of development are greater for a testicle retained

in the abdomen than for one lodged in the groin, and in the latter position it is also far more exposed to danger of violence, whether from blows, movements of the limbs, or action of muscles. It is also easy to understand that the retention of the testicle, in either position, is attended with danger to life, for any disease of the testicle may give rise to fatal peritonitis.

A man whose testicles are not where they should be, is called a cryptorchis; has he the power of procreating? Acton says not, for he believes that non-descent of the testes is invariably attended with sterility, though he admits that cases of such men having families are on record. He evidently doubts the truth of them however, and says that his experience is quite the reverse, and he cites cases in which impotence and sterility both resulted from this cause. He also gives the case of a married man who had erections, emissions and gratification, and yet in whom no testicles could be detected in the scrotum or groin. From the fact that they had not descended, and the wife who had no children, presented all the external attributes of a woman likely to have a large family, he concluded that the man had no procreative power. It is hardly necessary to say that such evidence is not conclusive.

The fact that the testicles in the elephant, in birds and reptiles, are located within the abdomen, pointed, he thought, to the possibility that the testes of man might secrete semen though they failed to reach the scrotum. Such, however, he regarded as the exception if it ever occurred, not the rule, for "observation made upon animals proves that the seminal fluid contains no zoospermes when the testicles remain in the abdomen." Godard says, that "observation proves that animals in whom double cryptorchidismus is found, are unfruitful and barren," and he concludes that men whose testicles are arrested in their evolutions are sterile. Hunter believed that when the testes were retained in the abdomen, they were imperfect and incapable of performing their function, still he says that in the only case he ever saw, the patient "had all the powers and passions of a man," but he does not tell us what was the evidence that he had all the "powers" of a man. Curling gives several cases in which both testicles remained in the abdomen, the men begetting children. One of these men was twice married, had children by both wives, and was very sensual. He

was employed in a public house and "entrigued with the landlady and debauched the barmaid." In another case a double hernia existed but no testicle could be felt on one side, while on the other was a rudimentary one, the size of a pea. The erectile and virile powers were good. The hernia was reduced and a truss applied whereupon the testicle grew, and after two years was of normal size. He married and his wife bore children, but unfortunately her moral character was not above reproach, so that some doubt might be admitted as to the paternity of the children. I know a gentleman in whom repeated and careful examinations have failed to reveal more than one testicle in the scrotum. He is the father, however, of several children. This case is of little value, however, for it is just as reasonable to suppose that a man with only one developed testicle may be fruitful, as that a woman who has had one ovary removed may give birth to children, as she doubtless may. A student of Sir Astley Cooper committed suicide because both of his testicles were retained within the abdomen. After death the testes were found to be of nearly normal size, and it is said that the ducts contained semen, but unfortunately no microscopical examination of this fluid was made to ascertain whether or not it contained spermatozoa.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY

REPORTED BY PITTS E. HOWES, M. D.

The twenty-third semi-annual meeting was held in the parlors of the Revere House, Boston, on the 9th ult, President G. H. Merkel, M. D., in the chair. In the absence of the Recording Secretary, Pitts E. Howes, M. D. was elected Secretary protem. The attendance, though not equal to that of the annual, was still good, and different sections of the State were fairly represented. After the usual routine business, A. L. Chase, M. D., of Randolph, read the first essay of the meeting, a paper on Congenital Malformations, and he described minutely an illustrative case which had recently come to his notice. This suggested similar instances in the practice of others. A. J. Marston, M. D., of Worcester, followed with a paper entitled, The Rubber Bandage

in the Treatment of Diseases of the Testicle. He regarded compression by means of the rubber bandage as one of the most satisfactory methods of treating orchitis or hydrocele. Dr. Merkel spoke of good results attained by an injection of Fowler's solution 1 part and water 5 parts, using 30 minims of the solution. Dr. Geddes endorsed the use of a rubber bulb, or adhesive strips for orchitis as advocated by Prof. Hill. Dr. Gerald generally used a local application of hamamelis under the same circumstances, and gave phytolacca and gelsemium internally. Dr. Brigham applied heat in the way of hot fomentations in acute orchitis and that and iodine had always given him good results. Dr. Marston said that the benefit derived from the rubber bandage was in part due to the heat it caused in the part which led to changes in the scrotal coverings causing them to become thicker and firmer and thus yielding a better support.

Albuminuria was the theme of an able paper by H. H. Brigham, M. D., of Fitchburg, which was received with marked interest. The question was raised, why is it that patients resort so widely to patent nostrums for the relief of this difficulty? Dr. Miles thought it due in a great measure, to the fact that the majority of physicians candidly told such patients of the true nature of their ailment, and withheld encouragement which they could not conscientiously offer, while the nostrum vender brazenly offers cure "safe" and complete to all.

At the afternoon session H. D. West, M. D., of Southbridge, read a paper on "Diseases of the Bladder and their Treatment." As bearing upon the subject of vesical disease, Dr. Gerald spoke of the excellent results attained in chronic cystitis by the use of Rhus ʒ ij. to water ʒ ij., dose a teaspoonful in alternation with gelsemium. Dr. Miles referred to a case of chronic cystitis in which the capacity of the bladder was reduced to three ounces when fully distended. Dr. Spencer alluded to the use of warm water and plenty of it, in washing out the bladder. He thought it the most sensible, and the most effectual, treatment. Abel Wares, M. D., of Haverhill, read an interesting paper on Archangelica Atropurpurea as a remedy in Atonic Dyspepsia, which appears elsewhere in our columns. As a rule, both the essays and the discussions that followed them were of much interest, but a lack of space forbids us giving them at greater length.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY

REPORTED BY PITTS E. HOWES, M. D.

Dr. Geddes reported the following case: An old gentleman, 77 years old, about a year ago had an attack of paralysis which effected his left side, his speech and sight being also impaired.

Under treatment he improved greatly. A short time since he experienced a numbness of the right arm, and most intense pain in the left leg, and at his request it was rubbed with strong mustard water and so violently that the cuticle was removed. When Dr. G. saw it he feared that gangrene would ensue, and his fears were realized on the succeeding day. He suffered greatly for a time but not at present, but he did not sleep, his appetite was poor, and he was of a feeble constitution, so that the outlook was not a pleasant one. A poultice composed of equal parts of sulphate of zinc, hydrastis, and slippery elm, moistened with tincture of baptisia and warm water, was applied and at once subdued the odor. His rest was much broken, he only slept a few minutes at a time, and only after long intervals. He had had various anodynes without much effect, so far as giving sleep was concerned. Lupulin pills had allayed the extreme restlessness somewhat and given some relief. He had complained of numbness in the arms and legs, and phosphate of zinc pills, as recommended by Hammond, seemed to do good. The gangrene did not extend upward, but there were only slight signs of demarcation. Want of sleep was the most prominent symptom. Suggestions were invited.

Dr. Gerald said he had used a combination of equal parts of chloral and bromide of potassium with marked results where he wished his patients to procure sleep, giving doses of five or ten grains. He had used the fluid extract of jamaica dogwood in neuralgia when the pain was so intense that the patient could not sleep, and always with marked relief, so that he regarded the agent with much favor.

Dr. Reid spoke of the importance of sleep, many patients actually dying for the want of it—sleep would prolong life. Chloral was a dangerous remedy, or at least one that had been greatly abused, and was capable of doing much injury, but if opiates were strongly contra-indicated by their after effects, and their damaging effect upon digestion, etc., as they frequently are, he would not hesitate to make use of it. If extreme feebleness of the heart existed it should not be used. He had tried jamaica dogwood and found it to possess anodyne properties of no mean proportion and was often to be preferred to opium. He referred to the fact that Parke, Davis & Co. put up an excellent article, and had extensive literature upon the subject which they would forward to anyone applying.

Dr. Miles was very much interested in the case as outlined by Dr. Geddes. He fully concurred with all that had been said regarding sleep, but if the patient suffered much from pain he would not hesitate long before using opiates, notwithstanding

their bad effects. He would try sulphate of codeia, or McMunn's Elixir of Opium. He thought very well indeed of the latter preparation, which produced sleep and composure, and allayed pain and nervous irritability, without the unpleasant after effects, such as nausea, vomiting, constipation or headache, which attend the use of the ordinary preparations of opium. He recommended it heartily. If there was severe pain there was nothing to his mind equal to opium, it would give relief when nothing else would. In severe pelvic peritonitis almost any amount of the other anodynes as chloral, etc., might be given without much result, but suppositories containing morphia grs. one-half, will relieve immediately. He referred to the use of opium in the treatment of certain forms of melancholly, where the patient was restless and could not sleep, and where its use had been attended with much benefit.

Dr. Newton had used the combination spoken of by Dr. Gerald with good results, but lately had been using Bromidia which he liked very much better. He was not generally in favor of proprietory preparations, but the formula of this was given and he had found it a very efficient combination. It contained, according to the formula published, equal parts of bromide of potassium, purified chloral, cannabis indica, and hyoscyamus, and by the combination results might be attained that could not be secured by either agent alone.

Dr. Geddes said that want of sleep was the prominent symptom, which was not due to pain, but rather due to a state of extreme nervousness. He had given a combination of morphia—small doses—gelsemium and belladonna which he used extensively for quieting nervousness and producing sleep, but it seemed without much effect in this instance.

Dr. Reid reported a case of insomnia which he had promptly cured with the potassic bromide and a hearty meal taken at night in place of the light meal which had before been taken. The patient said he had suffered much of the time for several years, had been ordered abroad twice, and had expended much time and money, but had only obtained temporary relief before.

Dr. Newton reported the case of a man, 34 years old, who had recently come from Scotland, and had always been subject to what his physician had termed "ulcerated sore throat," which had been treated by local application of nitrate of silver. Soon after his arrival he had another attack and treated himself by applying the nitrate of silver as he had been instructed to do. Not getting the relief that his friends thought he ought, Dr. N. was called and found a well marked case of diphtheria, which yielded to the usual treatment. The patient was about to be

dismissed when the doctor was suddenly sent for, and found the scrotum much swollen. This was soon followed by œdema of the feet and limbs, and in spite of what could be done, hydrothorax and effusion into the peritoneal cavity soon came on. At the first examination of the urine albumen was found to be present to the extent of $\frac{1}{2}$ which increased to $\frac{3}{4}$ and finally $\frac{7}{8}$, the urine almost solidifying. Drs. Perrins and Forbush also saw the case by request. Not gaining as the friends desired, the physicians were changed, and although there was slight improvement at first it did not continue, and resort was had to a much lauded "kidney cure." It was certainly given a good trial, some sixty bottles being taken. The case steadily progressed, however, to a fatal issue.

Dr. Miles said that the query in his mind was, if the patient was not syphilitic? He could not refrain from referring to the frequent temptation of tapping in general anasarca and its utter uselessness, relating the details of a case in which one eminent in the profession advised tapping with the greatest confidence, that the patient would obtain instant relief, and yet tapping in three different places failed to get much over two quarts, to his intense astonishment.

Dr. Reid alluded to the temptation which sometimes was met of making incisions into the cellular tissue, especially of the lower extremities, when the œdema was great. It should be resisted, however, for the wounds thus made would seldom heal and were very liable to take on gangrene. He also cautioned against the use of irritating applications or leeches to elderly persons, as that also might result in gangrene. He referred to the necessity of making repeated examinations of the urine before we decided that the case was one of albuminuria properly, as in some persons trivial causes, such as the taking of a hearty meal of which eggs formed a part, would cause albumen to be present in the urine. It was only the persistent presence of albumen that warranted the diagnosis of Bright's disease. The finding of casts should also be subjected to the same rule of frequently repeated examinations.

MEDICAL SOCIETY OF HARTFORD.

THE BINDER.

The subject which had been previously announced for discussion at this meeting was the use of the binder as an application to parturient women.

Dr. Forwood said that he was sorry to observe the absence of Dr. J. Sappington, as he was probably the leading advocate in

our Society of the abandonment of the bandage; and as he (Dr. S.) had practiced this disuse for several years, the explanation of his theory, and the history of the results of his practice were particularly desirable in the present discussion.

Dr. Forwood remarked that he had always advised the application of the bandage in such cases, in accordance with a time-honored custom, but was by no means satisfied of its necessity, or utility, in the majority of cases. In cases of hemorrhage, however, or where there was an indisposition to uterine contraction, the binder certainly afforded us valuable assistance; and the obstetrician would be highly censurable for the omission of its use under such circumstances. He had recently read in the proceedings of the State Medical Society of Pa., a report in which it was remarked that "the abandonment of the bandage in parturient women rapidly gains favor with the profession in our society." This brief sentence comprises all that is said in the report quoted, and leaves us as much "in the dark" as before.

Dr. Forwood had also noticed one or two articles on the abandonment of the bandage, within the last year or two, in the medical journals, but believed that the literature on the subject was extremely limited.

He then read from Meigs' *Obstetrics*, where the author forcibly impresses upon the attention of the student the fixed rule that the application of the bandage in every case of midwifery, is the imperative duty of the obstetrican.

Dr. Forwood did not recommend the abandonment of the binder, but thought that it might be omitted in many cases without disadvantage to the patient; indeed, as generally applied —above the pelvis—it certainly did more harm than good, frequently inducing that wretched malady, which afflicts so many American women, prolapsus uteri.

Dr. Hopkins said that in his practice he had been indifferent as to the use of the binder. He generally left it to the "old women" to apply or dispense with its use at their option; he not deeming it a matter of sufficient moment to require specific directions. He added that his preceptor, had disapproved of the indiscriminate use of the bandage, that he had generally followed his precept. He nevertheless agreed with Dr. Forwood that there were cases in which the bandage was useful; but, as usually applied, he regarded it as a bandage to the thorax instead of the uterus.

Dr. Evans said that he always directed the bandage to be applied. He considered its use in parturient women quite as necessary as in tapping for abdominal dropsy. He believed that the blood-vessels required support. He referred to cases of

fractured limbs where the patients would sometimes faint upon the removal of the bandages, caused, in his opinion, by the loss of the accustomed pressure from the blood-vessels.

Dr. Silver inquired if any of the teachers in the medical colleges, or other leading authority, recommended the disuse of the bandage.

Dr. Evans replied that so far as his information upon the subject extended, all teachers and writers of recognized authority advised its use.

Dr. Silver added that he considered the application of the bandage necessary in many cases, and useless in others; but, as a precautionary measure, he advised it in all cases. He thought its use more particularly called for in country practice than in the city; as country patients are often so far distant as to incur the risk of dying from hæmorrhage before they could be reached by the medical attendant.

Dr. Hays spoke of cases in which he was satisfied that prolapsus of the uterus had been produced by the mal-application of the bandage; and mentioned the case of a patient who had suffered with prolapsus after each of several previous confinements, in which she had worn a bandage, who was completely cured after a subsequent delivery by omitting its use, under his direction, and remaining in bed a week longer than is usual in such cases. He used the bandage where hæmorrhage was present, and in obstinate relaxation of the uterus, with the view to producing contraction, but did not advise it as a general rule.

Dr. Lee thought it probable that the binder might be dispensed with in many cases, provided the patient could be kept perfectly still, and on the back, for a considerable time; but he believed that a parturient woman, under certain circumstances, might instantly die, without hæmorrhage, by suddenly turning from the back to the side, for want of the support afforded by the bandage.

Dr. Lee said that death from uterine hæmorrhage was a much more rare occurrence than medical teachers and writers have induced us to believe. It is held up to the student at college as one of the greatest "bug-bears" to be encountered in the practice of obstetrics; and all young practitioners when called to their first cases of midwifery, go forth with the terrible apprehension that they are doomed to witness a death from *hæmorrhagus uteri!* We soon begin to think that our cases are exceptional—they do not die—and after a few years experience we are forced to the conclusion that death from uterine hæmorrhage is an occurrence of extreme rarity.

The bandage, he regarded as necessary as a support to the relaxed abdominal parietes, to the blood-vessels, and through

them to the nervous system, as well as the comfort of the patient; and with this view, more than the fear of hæmorrhage, he had been in the habit of ordering its application in all puerperal cases that came under his care.

With reference to Dr. Lee's remark, that a patient might die, without hæmorrhage, if unsuported by a binder, from simply turning upon her side., Dr. Forwood said that such a case would certainly be regarded as very extraordinary, and could scarcely be attributed to the want of a bandage.

Dr. Forwood added, that we should consider parturition as a natural process, as well in the human female as in the lower animals; and it was surely reasonable to presume that it could be completed in the human species with entire safety, without the interposition of any artificial support. We have examples in the North American Indians, and in the African race, without referring to lower animals. It is a fact well known that the Indian women often bring forth their children while travelling from one point to another with their tribe; and as soon as delivery is accomplished they arise, place the infant upon their back, and continue their journey *without a binder*. It is also a common occurrence for African females to arise from their beds on the day of delivery, and pursue their usual avocations without detriment to their health.

Dr. Forwood, therefore, in view of these facts, looked upon the employment of the bandage, and the nine or ten days confinement to bed, among the higher classes of the white women of the present day, as the requirement of an artificial condition superinduced by the luxurious living, the immuniment from physical labor, and the more general cultivation of the mental faculties, attendant upon advanced civilization.

BALTIMORE MEDICAL ASSOCIATION.

Dr. Morris.—Abortion can take place any time from the first to the fourth, fifth or sixth month; after the latter period it is called a premature labor. In looking at this subject, we are struck by the fact that abortion (not criminal) is much more frequent in this country than in Europe. The proportion of abortions to labors is about 1 in 78 in Europe, while here it is about 1 in 30. In my own practice out of 1,700 cases of delivery, I have met 200 cases of abortion. The time at which abortion is most likely to happen is the third month. It may occur at the first or second month; and these cases are probably more frequent than we imagine, as we may mistake them for natural menstruation, unless we are very careful in our examina-

tions. Abortions at the second month are very easy and pretty cases, and may occur without hemorrhage.

The earliest case on record, at which abortion took place, is fourteen days. A record was kept so that the time could be fixed exactly. But by far the most common period for abortion to take place is the third month, and these cases are frequently very troublesome on account of hemorrhage, etc. I have seen cases in which I could find no trace of an ovum. The hemorrhage would continue for weeks, then a clot would pass, but no sign of an ovum could be detected. What becomes of the placenta and fœtus in these cases? I believe that they are completely and fatally dissolved, and are thus carried off; and I also think that these cases occur frequently.

The causes of abortion may depend upon the mother or the ovum. A large number are undoubtedly produced by mechanical means and are not mentioned in the books. The maternal causes are numerous. One of the most universally present causes is the laxity of all the tissues, uterus as well as other organs, produced by the habits of civilized life and the want of proper regimen. The womb becomes unable to retain its contents, which are lost, and a profuse hemorrhage results. Syphilis is another very frequent cause. I know that a number of my cases were produced by syphilitic impregnation; and even if miscarriage does not occur the child is frequently dead at birth. Mental emotion as joy, anger or fear; accidents, as falls, blows, or even slipping on the steps, are all producing causes of abortion. All women are not, however, equally susceptible, for I remember a case in which a woman jumped from a third story window of a burning house, thereby fracturing her thigh, yet she was delivered at full term. Disease of the cervix is a common cause. We hear much about the abuse of the speculum, but in my opinion it is not used often enough. Whenever abortion is threatened it is our duty to examine the cervix, and we will frequently find it inflamed or fissured. I know of two cases in which the proper use of the speculum might have prevented an abortion, by revealing the cause and indicating the mode of prevention.

Flexion, malignant disease of the womb and severe attacks of fever, especially in predisposed subjects, produce abortion, although there are cases recorded of children being carried the full time.

Another frequent cause we may call habit. A woman soon gets into the habit of aborting at a particular period of gestation, and it is very difficult to arrest this predisposition. If there is no disease of the cervix, we must try to ride over the period by

absolute quiet or whatever means seems most likely to accomplish the purpose. In some cases a properly adjusted supporter may do good. The exciting cause is no doubt uterine hemorrhage. The blood gets between the uterus and the decidna or placenta, or in the cavity of the uterus, and by the stimulus of distension brings on labor. The symptoms are well-known and need not be enumerated. In the treatment it is a nice question to decide whether you can arrest the loss of the fœtus. To arrest the hemorrhage nothing acts so well as the tampon. Two cases were saved by the injection of turpentine. Although we all use our old friend opium—it is not a remedy for these cases. I have no confidence in acids. Cold, the application of the tampon, and quiet are all you can do. One of the most troublesome complications in these cases is retention of the placenta after delivery of the fœtus. You cannot remove it by the finger, and forceps are useless. They need not produce alarm; for if injections of warm water and carbolic acid are used, the placenta will be thrown out in the course of three or four days, and all will go on well.

Dr. Arnold.—I used to be troubled a great deal by these cases. I think much mischief is produced by too active interference. I have removed the ovum in some cases, by hooking it out by the finger; but, if I cannot do so, I let it alone. I am not alarmed by the hemorrhage, for a great loss of blood can be borne without very injurious consequences. The ovum may be retained for some time, even until decomposition takes place, when the fetor indicates its presence. I have seen cases in which hard, small substances are discharged from the womb, and find, upon inquiry, that months before the woman has aborted. The cases which cause the most trouble are those of criminal abortion, and it is to this class that the fatal cases are principally confined. Death may be produced by metritis or by septicæmia. In the treatment, I remove clots, secudines, etc., if they can be removed easily; if not, I let them alone. In threatened abortion, where there is no hope of checking it, I have made use of sea-tangle tents to dilate the os and hasten labor, and in many instances I have been very well satisfied with the resnlt.

Dr. Erich.—One remedy has not been mentioned, viz.: ergot. I am convinced that ergot does arrest the hemorrhage in these cases almost as well as in labor at full term. I use full doses (ʒ j. fd. ext.). I do not use the tampon. Opium is not a remedy calculated to arrest abortion, but by relaxing the rigid os, it rather hastens than checks the loss of the ovum.

Dr. Williams.—We all agree that syphilis is one of the most

frequent causes of abortion, and all those cases for which we can find no explanation are credited to syphilis or disease of the womb. After the death of the fœtus, it becomes a foreign body and will be cast off. In regard to the use of ergot—if there is relaxed muscular fibre it is a valuable remedy and prevents the abortion by preventing the hemorrhage. There are two sets of nerves distributed to the uterus; the vaso-motor, to the fundus, which are influenced by ergot, and the spinal to the neck and os, which are not so influenced. If the hemorrhage is behind the membranes or placenta, ergot will arrest it by contracting the blood vessels, provided the os be not dilated. If it be dilated, the contractions will produce expulsion. It depends much upon circumstances whether opium be a remedy or not. If it is produced by mental causes it becomes a very valuable remedy. Spontaneous abortion never proves fatal. In cases of profuse hemorrhage I use ergot, as well as in cases of retained placenta. In these latter the ergot produces the contraction of the longitudinal fibres, and protects the patient by preventing absorption of the decomposed contents.

Dr. Fay.—The idea of Dr. Williams in regard to the treatment of threatened abortion is a very valuable one. We see women abort time after time in whom we can find no disease of the womb, no syphilitic poisoning, nor is there any history of accident. Then is the time that the skill of the physician comes into play, and then we want to know the causes of abortion so that we may be able to prevent this continued loss. One thing is certain, there is a very intimate sympathy between the uterus and the kidneys, for this excessive secretion of urine is sometimes seen for days before the abortion takes place. I have arrested this secretion and the threatened abortion, in one or two instances, by cubebs.

Dr. Warren.—My experience differs entirely from that of any gentleman who has spoken tonight. I have always looked upon abortion as a very serious thing, and have seen patients succumb to the hemorrhage. One of the most important causes has been omitted, viz: disease of the placenta resulting in degeneration. In this condition chlor. potass. has acquired a reputation. Threatened abortion is very difficult to prevent, and as a rule, I have discarded the use of opium except when produced by reflex action or mental excitement. Ergot checks the hemorrhage. I think it has no effect on the womb prior to the fifth month of gestation. I think most obstetricans will agree that the surest way to produce relaxation of the circular fibres is by the pressure of the child's head upon them. At term ergot keeps up this pressure by contracting the longitudinal fibres; but

if it acted on these fibres at all periods of uterine gestation, it would hasten instead of checking abortion. I believe ergot is a direct hæmostatic, and is as useful in hemorrhage from the lungs and bowels as from the uterus. It acts not by contracting the muscles, thus closing the orifices of the bleeding vessels, but contracts the blood-vessels themselves by its action on the vaso-motor nerves. This explains its action in menorrhagia.

The principal danger in abortion is from hemorrhage; ergot checks this hemorrhage and thus saves the fœtus. I use it upon this theory to act on the arteries. I have used tr. gelseminum and succeeded with it when all other remedies have failed. As for the dose, I give gtt. v. every half hour; if you use, gtt. x. or more you stimulate the muscles and hasten the abortion. Opium, on account of relaxing the neck of uterus, should be discarded from the list of preventive remedies. Abortion, however produced, is a serious thing. I have seen deaths from spontaneous abortion. When we cannot prevent it we should hasten it by all means in our power, as opium, tr. gelseminum, etc. If the placenta is not detached there is not much danger; but if it is, it blocks the os, hemorrhage persists, and septicæmia may follow from decomposition of the retained products.

Dr. Williams.—Dr. Warren denies the action of ergot on the womb prior to the fifth month. We all know that if ergot acts at all, it acts through the vaso-motor nerves, and they are as much present at the third month as at the sixth. It controls hemorrhage by producing contraction of the muscular coats of the blood-vessels, and by contracting the muscles of the organ, enables the contraction of the vessels to be maintained.

Dr. Warren.—If Dr. Williams' theory be correct, it would act on all the organs alike, wherever those nerves are distributed. It is capable of producing results in the uterus, which it will produce in no other. The muscular tissue of the womb develops and grows and has a new and acquired character from this growth.

Dr. Hartman.—I can corroborate the statement of Dr. Williams in regard to the action of ergot in preventing abortion. I have used it for several years, but am afraid to use it in large doses for fear of exciting the action of the longitudinal fibres. I use gtt. viii–x. every one or two hours. I have never seen a death from abortion, and but one from *post partum* hemorrhage, and that was caused by the tampon.

SELECTIONS.

NUTRIENT ENEMATA IN REFLEX VOMITING.

Reflex vomiting from a uterine cause had reduced to a condition of extreme exhaustion a patient, about whom Dr. Quinlan writes in the *Lancet*, December 15, 1883.

The nutrient enemata employed in this case consisted of two ounces of very good beef-tea with one of milk. To these fluids mixed together and heated to 120° F., a teaspoonfull of Benger's pancreatic fluid was added, and the whole was allowed to remain under a cosy for twenty minutes. A dessertspoonful of brandy was now poured into the enema, which was administered blood-warm. In using these nutrient enemata, whether of beef-tea, milk, or eggs, it is not always remembered that the large intestine has no peptonizing apparatus for rendering colloid substances dialyzable. As a consequence they do not pass through the mucous membrane, and a feeling of distension is experienced, often ending in the expulsion of the remedy. A peptonized enema causes no feeling of distension, or at least one that soon passes away; and any patient who has tried both ways will at once tell the difference. Sometimes in prolonged enematization the bowel becomes very irritable, and in this case the addition of a little opium (if the other symptoms do not contra-indicate it) is most valuable. It is hardly necessary to add that nutrient enemata should not as a rule exceed four ounces. It is better to repeat them often than to run the risk of expulsion attending the use of larger ones.

The patient's strength was thus maintained until the gastric irritability subsided.

EPITHELIOMA OF CERVIX UTERI—RECOVERY WITHOUT OPERATION.

The *Medical Press*, September 12, 1883, says: Cases of the above have been recorded from time to time, and upon perusing the reports of such cases carefully, one can scarcely arrive at any other conclusion than that if actual recovery does not take place, such a degree of improvement does that we can scarcely blame the fortunate attendant for designating the result as recovery.

It has long been observed that under certain circumstances, such as high general pyrexia, as in the case under notice, erysipelatous inflammation around the affected part, other inflammations, such as that produced by the injection of irritants in the vicinity of the diseased portion (Duplouy), or like that produced

by the actual cautery in the affected mass (Gallard), or around it (Nussbaum), a normal cell growth may, and occasionally does, take the place of the abnormal growth characteristic of cancer.

Such a case has been recently reported in the *Deutsche Med. Zeitung* by Dr. Staffhorst, of Ottendorff, Hanover. There appears to be no reason to doubt the accuracy of the diagnosis. The case was under observation several months; it resisted every method of treatment, the patient going almost steadily from bad to worse; and it was not till an unexplained attack of pyrexia, preceded by violent rigors, occurred, that any improvement took place. It might be supposed that the pyrexia was due to an attack of pelvic cellulitis, or peritonitis, and that this in some way modified the cell development of the diseased portion; but the report appears to negative this supposition. No mention is made of pelvic inflammation, and it is scarcely likely that such a complication should have remained undiscovered, or that no mention should have been made of it had any been noticed. Whatever the cause may have been, the progress of the disease seems to have been arrested immediately after the occurrence of the pyrexia: the hæmorrhages and offensive discharges ceased, and in the course of a few weeks the ulcerated surfaces were covered by cicatricial tissue. Some shortening of the vagina had taken place, posteriorly the cervix had become attached to the vagina, and some tenderness remained in the hypogastrium, especially after long standing. The patient's appetite was good, and she had increased in weight and strength, so that up to the date of the report, four months after cicatrization, the improvement promised to be permanent. Upon the whole, we may conclude from the report of this case, taken in conjunction with expressions by other recent writers, that the prognosis in any particular case is not absolutely unfavorable, and it remains for us to follow up the faint glimmerings of hope that are here and there vouchsafed us.

UNSUSPECTED ALBUMINURIA.

We have taken occasion recently to refer to this subject, and our remarks receive additional import from the following case reported by Dr. McKew in the *Maryland Medical Journal*, January 12, 1884:

A boy, æt. 15, presented himself suffering with severe headache; he was otherwise apparently perfectly well. Examination of the urine revealed exceedingly delicate traces of albumen, amounting to merely a slight opalescence. The microscope revealed casts. A cautious opinion was given. The disease has

advanced rapidly, until now the patient is dying of bronchial effusion. There is no assignable cause for the albuminuria in this case. At 3 the patient had scarlet fever, and one and a half years ago he had typhoid fever. He has had nystagmus for some years. The urine now contains fifty per cent. of albumen. The case teaches the importance of examining the urine whenever the cause of disease cannot elsewhere be found.

TREATMENT OF VARICOSE VEINS.

This neat and simple operation is described in a contemporary by Mr. Folker, who has found it very satisfactory. A small incision was made on each side of the vein; and a curved needle, passing in at one incision and out at the other, carried the ligature under the vein, and was withdrawn. A flat instrument was now, in the same manner, passed in at one and out at the other incision, and threaded with one end of the ligature, which then, by its withdrawal, passed the ligature over the vein. The two ends of the ligature, which now surrounded the vein, projected through one opening. This was repeated in as many places as might require it, and then the lowest one was tied first, and the ligature cut off close; firm pressure was made over it just to press out any drop of blood that might be present, and the little opening was closed with collodion. Each ligature, from below upwards, was tied in a similar way, pressing the blood out of the vein up to each ligature before tying it. The ligature used in the present case was pure silk, well carbolized; but Mr. Folker hoped to tie some with tendon-ligatures, which would become thoroughly absorbed sooner than the silk.

A CAUTION IN URINARY EXAMINATIONS.

As evidencing the necessity of great caution, and generally of more than one examination of the urine, before forming a positive opinion, the following case may be quoted from *Berlin Klin. Woch.:*

Professor Von Heusinger, in a recent session of the Aerztl. Verein in Marburg, declared that a certain individual desired to be examined in view of having his life insured. At the close of the physical examination, he was requested to urinate. As he had micturated before entering the doctor's office, he now could pass but a slight amount. The chemical examination gave a yellowish-green precipitate (saccharine). At the examiner's request, the man returned the next morning, and the urinary test presented a negative result. It turned out after a close question-

ing that the individual had suffered for months with gonorrhœa, and had used injections of sulphate of zinc. He had passed water and used this injection just previous to presenting himself for the first examination. Dr. Fettien, who was then consulted, found that if a solution of sulphate of copper is added to one of sulphate of zinc and tartaric acid and caustic soda in excess, a blue fluid is formed, which contains, besides the constituents of Fehling's solution, sulphate of zinc. Added to boiling urine, the zinc is precipitated as a hydrate with a greyish-green color, and the solution turns from blue to yellow. If albumen is added, the same phenomena are observed, only the fluid above the precipitated zinc is reddish.

DANGER FROM QUININE.

Our exchanges have considerable to say just at present about the dangers that may exist in the administration of quinine, and the injurious results that sometimes follow its use.

While it is well to utter words of caution, yet it seems almost like waste of time to caution physicians that quinine may be, in certain cases and under certain circumstances, a dangerous article; for we take it that every ordinarily well-informed medical man is thoroughly aware of this fact.

We know that quinine is one of the most valuable drugs in our possession when properly and intelligently used; and we also know that it is no exception to the rule, which holds good with all drugs, that if used when not indicated, or in a wrong way, it is capable of working harm.

If, for instance, we desire to give quinine for its tonic effects only, and we order five or ten grains thrice daily, we will do more harm than good; while, on the other hand, if we endeavor to control a well-marked intermittent fever with one or two grains, our experience will be similar to that of the man who endeavored to extinguish a burning factory with a small syringeful of water.

In a word, the indications for the use of quinine would seem to be about as follows: For intermittent and remittent fever (where we use it as a specific), we must give it in large doses an hour or two before the expected paroxysms, and in smaller doses during the intervals, until we have controlled the morbid process, or until symptoms of cinchonism supervene, when its use must be intermitted.

To reduce temperature in continued fever, it would seem best to give it in large and decided doses (10 to 20 grains) and to be guided in its repetition by the effect produced. To obtain its

tonic properties, we should use it in small doses (1 or 2 grains thrice daily), and continue its use until cinchonism calls for a halt.

Thus, then, with quinine, as with opium, while valuable beyond all calculation in our warfare with disease, we must be careful to intelligently and clearly understand what we wish to accomplish from its use, else we may not only do no good, but actually do harm.—*Med. and Surg. Reporter.*

THE COLD DOUCHE IN MANIACAL DELIRIUM.

When we remember that opiates sometimes proves very dangerous in this condition, it will be well received when we meet with safer therapeutic recommendations. Dr. Thomas Barlow (*Lancet*, January 5, 1884,) had very satisfactory results in a case of delirium tremens, from the cold douche:

"The patient was stripped, and a spongeful of cold water squeezed down his neck and back, and then freely splashed over his face and chest. It quieted him immediately. He said it was nice, and he was well pleased to have it repeated. He was then vigorously rubbed and dried, and some strong broth was given to him, which he thoroughly enjoyed. During the rubbing process he gave one short, loose cough. The bed was soon made; there was not the slightest difficulty in getting the patient to lie down and close his eyes, and presently he dropped into a quiet sleep. We left his friends with the instruction that if he became violent again the same treatment was to be repeated, and that he was to have no physic, but only some egg and milk or broth whenever he should awake. His wife was also told by way of precaution that it was by no means infrequent in such cases (even when not treated by cold douche) to get pneumonia, and that therefore this was one of the things for which to be prepared. The patient slept quietly for four hours, then awoke and was violent again. He was douched by the friends in the same way as before, and once more lay down and slept quietly. He had no delirium after this."

He subsequently had pneumonia, but recovered. Dr. B. attributes the good effects of the cold douche to nervous shock.

SALICYLIC ACID A CURE FOR TIC DOULOUREUX.

We frequently meet in our practice cases of tic douloureux, that often so exceedingly painful neuralgia of the fifth nerve, where an operation seems to promise the only radical cure. If

we hear of a remedy which is said to have the same effect as the surgical interference, we become doubtful; but if no less reliable an authority than Prof. Nussbaum (*Munich, Ærztl. Intelligzbl.*, 38, 1883,) assures us of the fact, our hope increases. Recently a number of such cases had been sent to N. for the purpose of having the operation performed, and after a number of carefully instituted experiments, this great surgeon recommends a trial with salicylic acid before proceeding to stretching or to resection of the nerve. In all the recently-sent cases he first tried this remedy, and he found it in every one a radical cure; not only a palliative effect, but really an utter disappearance of the painful disease was the result in every case. Especially in cases of rheumatic nature, N. is positive of having discovered in salicylic acid a specific for tic douloureux. He administered the drug in the following manner:

℞. Acidi salicylici, 0.2, gr. $3\frac{1}{3}$.
Sodii salicylatis, 2.0, gr. 32.
M. ft. pulv.

Within 24 hours the patient takes from 4 to 6 of such powders.

IODIDE OF POTASSIUM AN ANTI-GALACTAGOGUE.

In the *Brit. Med. Jour.*, January 5, 1884, Dr. I. Jenner Verrall writes: "In a recent case of excessive secretion of milk after weaning, I have found the above drug of great service. The child had been weaned more than a week, and the breasts were very large, hard, and tender. Belladonna and aconite, applied freely, together and singly, had failed; this, although combined with firm compression of the breasts by a bandage, and the administration of salines and purgatives—a form of treatment generally successful, Ten grains of iodide of potassium were taken three times a day, and decided relief was obtained after the fourth dose. In all, 160 grains were taken, and then all trace of swelling had disappeared. With each dose I gave half a grain of quinine, as I always do when giving the iodide in rather large doses. There was no symptoms of iodism. Before taking the drug internally, my patient had used the iodide and soap liniment for two days without much benefit, and contined to use it till treatment ceased.

"As long ago as 1858, Roussel, and, in 1861, Delmas, recommended the iodide, and were supported by Dr. Morris, of Cheltenham, in 1864. Dr. Dolan, however, in the *Practitioner* of 1881, quotes Dr. Morris, but reports that the drug, given by himself in larger doses than Dr. Morris had used—namely,

fiften grains against a drachm—had produced no effect. At the time of my case, I had not seen these papers, and was led to use the iodide solely on account of its known action on glandular tissues. I could find no mention of it in Ringer, Woods, Bartholow, or Phillips."

DYSPEPSIA A SYMPTOM OF KIDNEY DISEASE.

We desire to call special attention to the extract from a lecture by Dr. Da Costa, published on another page, because what it teaches is most important, and is well worthy of being carefully stored up in the mind, and kept before us in our daily work.

Derangements of digestion are very common in all organic diseases, but it seems that they are particularly liable to be present in the various forms of kidney disease, grouped together and generally known as "Bright's Disease."

We have known many cases that have lasted, no doubt, for years, and in which the only symptom that presented itself to the attention of the patient up to within a very short time of a fatal termination, was an obstinate "dyspepsia," that no drugs nor precautions in eating, nor hygienic measures of any kind, no matter how conscientiously carried out, could relieve. Whether the prolonged faulty digestion and consequent assimilation of imperfectly prepared nourishment has caused the changes in the kidney tissue, or whether the impaired action of the kidneys and the consequent retention of excrementitious matter in the system has caused the dyspepsia, or in other words, the relationship of cause and effect between the dyspepsia and the kidney disease, we do not know, and neither is it of much practical importance that we should know. One theory that has been advanced as to the etiology of Bright's disease, holds that owing to faulty preparation the blood albumen is really unfit to remain in the blood, it is excrementitious and must be removed, and that the irritation caused to the kidneys in performing this work, results in an inflammation and degeneration of their structure. If this be true, then we might reasonably suspect that the dyspepsia may act as a cause. But for our practical purposes, we say again, it makes no difference which is the cause and which the effect.

The point that we wish to make is that dyspepsia is frequently the only symptom or sign of chronic Bright's disease that makes itself manifest to the patient, and that when we are called upon to treat a case of chronic dyspepsia, which baffles our skill and resists the treatment that *ought* to cure it, it will be in order to make a careful examination of the urine. It will unravel many a mysterious case, and help us much in our treatment.—*Med. and Surg. Reporter.*

FACTORS DECIDING THE SEX OF THE OFFSPRING.

MANY a theory has been proposed—and exploded—concerning the conditions which decide the sex in the offspring. Those interested in the raising of horses, cattle, pigs, etc., have doubtless made a more practical progress in this question than physicians have done with regard to the human being. It is not rare to notice that a sheep-grower, for instance, will raise only ewes, if it is his intention to do so.

Recently, Dr. K. Dusing has studied the factors deciding the sex of the fœtus, and published (Centrlbl. f. d. Med. Wiss. 45, 1883,) an interesting article concerning his results; and as the subject has an undoubted vital bearing upon the propagation of the human race, we will not withhold it from our readers.

Fiquet made first the observation on cattle, that those animals that sexually were very much occupied, produced more individuals of their own sex, and D. explains this by saying that the male whose genital apparatus is frequently used, is provided with fresher sperma, so that fecundation ensues with comparatively young and active spermatozoa. In such a case more male offspring are produced; while a male whose sexual organs rarely perform their function, will give rise to more female offspring, because his spermatozoa are older, weaker. In the female the same holds good, the ova being earlier (fresher) fecundated, and a predisposition to the female sex takes place. As a natural consequence, it follows that the more there is a want of individuals of one sex, the more their sexual functions are required —the quicker, the younger their sexual product is made use of— the more members of that sex will be born. It is simply the law of nature to propagate the species.

The same effect as sexual over-exertion is also produced by deficient nutrition, if the same demands are made upon the genital apparatus. Weak bulls paired with vigorous cows produced invariably male calves, while weak cows paired with vigorous bulls gave mainly birth to female calves (Tellari and Fiquet).

Next of importance is the age. At the time of the greatest sexual power, the individual of each sex never transfers his (or her) sex to that of his (or her) offspring, or does at least much less so: in most human families there are then found the most boys if the husband is much older than the wife. (Hofacker, Sadler.) It shows the intention of nature to produce more individuals of that sex which threatens to die out; the weaker, the older the propagator, the more care nature takes to have his sex propagated.

Thus far the influences concerned one sex. In case the disturbances of nutrition affect both parties the rule holds good, that where there is a superfluity of nutrition the reproduction is stronger, where a want, it is weaker. The genital system is first influenced by nutrition. (Darwin.) But it is especially the female who is more dependent upon nutrition, probably because she has to care for the bringing-up of the offspring. The logical conclusion is, that in case of superfluity of nutrition more females are born, in case of want, more males. Thus Ploss found that in the same ratio as the price of provisions advanced, the number of male children increased. (Or may not the cause be the following?) It is the male that has to work hard; it is the male that suffers soonest by bad nutrition; the male, therefore, becomes soonest the weaker; therefore the result.

Laudvis procured from thousands of very young caterpillars of vanessa urticæ, males or females, whatever he preferred, by nourishing them either badly or well. In some of the lower animals, the females find their nourishment mainly in summer, the males in winter. In these more females are born in summer, the males in winter.

D. draws from these observations the conclusions: the sexual relation regulates itself by the property of animals and plants to produce that sex in greater numbers whose relatively greater augmentation is profitable for the propagation of the species. Even an anomalous sexual relation may benefit under special circumstances the propagation. The sexual difference may rest in the unimpregnated ovum (for instance, tendency of young ova to female sex), or the sex is determined at fecundation (young spermatozoa, males), or the nutrition (strength, age, food) decides.

Although these theories find an undeniable proof in observations and experiments made on animals (and some on human beings also), we have to be very cautious in admitting their truth. Other factors, at present unknown, probably determine, besides those mentioned, the sex of the fœtus; it is even doubtful whether the latter is already definitely decided at fecundation, and whether later influences may not have their share in ordaining the sex.—*Med. and Surg. Reporter.*

EXTRACTUM PANCREATIS IN TYPHOID FEVER.

We all realize that the dietetic treatment of typhoid fever is exceedingly important. Therefore we are prepared to realize the importance of the recommendation made by Dr. Frank C. Wilson in the *American Practitioner* for January 1884, that the milk

given to typhoid patients should be first digested with extractum pancreatis. Milk so treated cannot be coagulated by even the strongest acids, its casein being transformed into peptone, and in a condition to be at once absorbed and assimilated. There is noticeable a slight bitterness, to which the patient soon becomes accustomed, so that it is taken readily and produces no discomfort. Even this bitter taste may be avoided by stopping the process of digestion before it is entirely completed. It has been found by experiment that the objectionable taste is only developed when the casein is entirely peptonized. It is scarcely ever necessary to carry the artificial digestion quite so far, and when stopped at any point before completion the taste is perfectly natural. If immediately placed on ice, it can be kept as long as simple undigested milk. The ferment of the pancreatic extract is held in a latent condition, and when taken into the intestinal canal may still further aid in the completion of the digestive process.

To avoid the possibility of the patient becoming tired of the same article of diet day after day, its form of administration may be varied in a number of ways. As the casein is peptonized, and can not be coagulated by even the stronger acids, the milk so prepared can be utilized in making milk punch. This can be flavored with lemon-juice or any other acid desired. Thickened with gelatine, sweetened and flavored, it forms a delicious milk jelly suitable for convalescent patients and grateful to the taste.

During the past two years he has met with many instances in which the use of the pancreatic extract has yielded the most gratifying results. Not alone in typhoid fever is it useful, but in all instances where the digestion is enfeebled, or where it is interfered with by the presence of ulcerated or inflamed surfaces, the process of peptonizing the food will be found of service. In rectal alimentation its importance is manifest, the food so prepared being readily absorbed and appropriated without inconvenience or irritation. He had sustained patients with gastric ulcer entireiy by nutrient enemata twelve or fourteen days. In this time the ulcer will be entirely healed, so as to allow the cautious administration of peptonized milk in gradually increasing quantity, until a full meal can be taken.

THE TREATMENT OF ACUTE NEPHRITIS.

The *Lancet*, December 29, 1883, says:

There are few diseases which give rise to more anxiety in their treatment than those in which the kidney is concerned. With regard to both the precise pathology of renal inflammation and the therapeutics of this disease, much unquestionably remains to

be determined. True, there are well-recognized principles to be followed in practice—namely, first, to give the inflamed organ rest, and therefore neither to irritate it by so-called diuretic remedies, nor embarrass its action by giving nitrogenous food; second, to see that the skin, which may be regarded as the *alter ego* of the kidney, is called into vicarious action. In spite of these guiding principles, however, acute renal inflammation remains often the despair of the physician. Dr. Aufrecht, of Magdeburg (*Berlin Klin. Wochensch.*, December 12), who, as is well known, has paid much attention to the pathology of nephritis, advocates most forcibly the adoption of an expectant line of treatment, in which dietetics play an important *role*. He absolutely discountenances the prescription of diuretic and diaphoretic drugs, and regards it as not good practice to encourage diaphoresis by hot baths or heated air. We go with him in his condemnation of diuretics, or of those salts which act notably on the kidney, and which we are persuaded are often given unnecessarily, and perhaps with injury; but in his objection to diaphoresis he seems on less secure ground. His plan consists in the administration of neutral salines, as bicarbonate of soda, which may be replaced by iron in the later stages, when the anæmia evoked by the albuminuria appears. The diet at first must, he says, be wholly vegetable, in the form of vegetable soups, and starchy and saccharine foods; even milk is to be avoided till after the first or the second week of the acute attack. This rigid regimen is necessary to diminish the special function of the kidney—elimination of nitrogenous matters. He quotes Lichtheim and Senator in support of this doctrine, which recognizes in the defective elimination of the kidney a much graver incident than the outpouring of albumen, and which, therefore, emphasizes the necessity of reducing to a minimum the ingestion of proteids. Aufrecht details one case (of scarlatinal nephritis) where suppression of urine lasted for eighty hours, and where this expectant treatment was followed by recovery. He mentions another, where the anuria lasted for fourteen hours; and he asserts that under the diuretic and diaphoretic plan of treatment cases such as these would almost certainly have succumbed. To avoid misconception, we should add that he prescribes a warm bath occasionally in such cases, but never to the extent of inducing profuse diaphoresis, and that he makes no mention of free purgation. Probably he would discountenance this, as another measure of harmful interference.

IRON HYPODERMICALLY IN ANÆMIA.

Dr. J. M. Da Costa has been using hypodermic injections of iron with good results in a case of combined malarial poisoning and lardaceous disease of the viscera. He prefers a double salt produced by the addition of pyrophosphate of iron to a solution of citrate of sodium. Two grains of the salt, in this form, are given every day, varying the points of puncture, but generally administering it under the skin of the extremities; in this form no abscesses have been observed. With other solutions of iron, including dialyzed iron, abscesses were quite common even with every precaution as to the cleanliness of the syringe.

THE PREVENTION AND TREATMENT OF CHILBLAINS.

An article on this subject by D. P. Dawson Williams, in the December 22d number of the *British Medical Journal*, will have a special interest to our readers in connection with a query in the January number of the *Therapeutic Gazette*. Dr. Williams is of the opinion that a chilblain is something more than a congestion. It presents all the classical signs of inflammation —*rubor et tumor, cum calore et dolore*—in its first stage, and if neglected it shows itself in a tender superficial ulcer.

When practicable Dr. Williams would place the sufferer on the sick list for a day or two, during which poultices should be applied as in the case of other inflammations. Counter-irritants are useless. A possible exception to this statement exists in the case of iodine, but this acts more as an astringent. Collodion is worse than useless. Careful packing with cotton-wool is the most trustworthy treatment. A little calamine lotion applied first and allowed to dry, will help to allay the distressing itching.

Chilblains are most apt to occur when the atmosphere is cold and loaded with moisture. The bathing of the hands and feet at such times with hot, not tepid or warm, water, and thorough subsequent drying are the best prophylactics. In persons peculiarly subject the stockings should be kept as thoroughly dry as possible, and tonic remedies, such as iron phosphate, should be administered for the relief of the constitutional condition which is usually at fault in those peculiarly liable.

VERATRINE IN TREMBLING.

M. Bazile Feris (*Jour. de Med. de Paris*) has used veratrine in some cases of trembling, and has obtained excellent results. He has used it in thirteen cases—six being of alcoholic origin, two came on after typhoid fever, and one was due to sclerosis *en*

plaques. All patients were rapidly relieved of the disagreeable symptoms.

Feris ordinarily gives veratrine in pills containing gr, 1-1-30 each, the dose being four pills, to be taken during the day. From his results he draws the following conclusions: Trembling dependent upon alcoholism, or consecutive to pyrexiæ, disappears under the veratrine treatment. The action of the drug is almost instantaneous, but the administration should be kept up for some time after the trembling has disappeared.—*Medical News.*

PETROLEUM IN PHTHISIS.

The discovery of the remedy which shall cure phthisis is yet to be made. Theory after theory of the etiology of this fatal disease has successively been swept away. That which seems at present to be regnant seems to be the bacillus theory of Koch. Bacilli may or may not be the cause of the tubercle, but whether they are or are not, is practically a question of little importance, so long as the remedy remains undiscovered which shall destroy them or counteract their devastations. Until that remedy is discovered it behooves the profession to make use of such remedies, the empirical employment of which has been followed by the most satisfactory results.

Dr. Milton contributes to the Cincinnati Lancet and Clinic, a report of two cases in which the results following the use of crude petroleum mass, as recommended by Dr. Griffith, of Bradford Pa., were highly satisfactory. In one case complete dullness of the left upper lobe of lung, no expectoration, hacking cough, poor appetite, night sweats, accelerated pulse and elevated temperature, all disappeared under the use of petroleum pills and the external application of the tincture of iodine.

In the second case the patient had pain in his chest, cough, expectoration and chills, for a year. There was emaciation of the body, slight dullness on percussion of the left upper part of lung, sharp pain with tenderness on pressure and percussion, hectic, dyspnœa, palpitation and dry, harsh skin. Petroleum mass pills, one five times a day, and counter-irritation over the lung, resulted within a month in sufficient improvement to warrant a continuation of the treatment. In six months the health had so improved that it was better than it had been for years, and at the date of report all evidence of pulmonary trouble had disappeared. Dr. Milton has also found the crude petroleum to be beneficial in all old chronic bronchial diseases. He is sure that this remedy is not receiving the attention which it merits at the hands of the profession. He thinks that in cases where its action has not been satisfactory the dose given was too large.

STERILITY TREATED BY THE UTERINE BOUGIE

Undoubtedly the most numerous cases of sterility are due either to a simple contraction of the cervical canal, or to such contraction complicated with one of the various flexions or versions of the uterus; and although treatment of the former by dilatation and the latter by pessaries has long been in vogue, patients and gynecologists have shared their disappointments innumerable. Convinced that pessaries in women who have not borne children frequently give rise to irritation or inflammation, thereby adding another impediment to conception, Dr. E. A. Spooner, in *The American Journal of the Medical Sciences* for January, 1884, states that he has long since abandoned their use in the treatment of these cases, employing such supports for patients requiring relief from prolapsus or other displacements without regard to the question of conception. Fortunately many cases of flexions or versions are amenable to the treatment of the uterine bougie, and when occurring as complications of a partial atresia of the cervical canal, the correction is readily made coincident with the dilatation, and he has been surprised at the ease with which long-existing and extreme flexions have yielded to treatment by bougies, which he describes in detail, and illustrates with the histories of several successful cases selected from his note-book.

A CASE OF MELANCHOLIA IN A CHILD.

Dr. Kavaleffski relates the case of a boy, of eleven years, whose physical growth had always been slow, and who was weak and thin, but whose mental development had been normal and who was good-hearted and of light disposition. At this time he had scarlet fever, followed by diphtheria and pneumonia, after recovering from which he was very weak and irritable and suffered from occasionable night terrors. A few months later he had an attack of measles, and after this lost interest in everything sought to be alone, cried for whole days without any reason, and imagined that he was always being pursued. He began to believe that he was good for nothing, and that he was obliged to die, and was continually begging people that they would not let him die. He would give only short answers to questions, and sometimes none at all. It was impossible to engage him in any continued conversation, and frequently he would repeat others' or his own words automatically. He was very anæmic, had no appetite, and suffered from insomnia. He was ordered nourishing diet, cod-liver oil, warm baths, and a life in the open air. Under this treatment he gained flesh, and his anæmia was cured, and along with the physical improvement his mental condition gradually returned to the normal. The author remarks that this case is confirmatory of the opinion of Meynert, that melancholia is due to cerebral anæmia.

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

MEDICAL LEGISLATION.

This is the season for the annual movement relative to medical legislation, and we learn that its friends in Massachusetts are quietly but earnestly considering the wisdom of taking active measures in that direction during the present session of the legislature.

The subject is one which interests alike each of the schools of medicine in this Commonwealth, and, indeed, every one of its citizens. The best methods for the prevention of disease, and restoration to health when diseased, are matters of paramount importance to every person in the community. To accomplish these objects care must be exercised as regards who shall have these matters in charge. The people should have safeguards against imposters in these directions; and those who by taste and one culture are qualified for this work should be encouraged and protected against the frauds of ignorant and designing persons.

What the popular will would consider proper medical legislation is still a question. We think, however, that the masses are inclined to seek whom they will, and such methods as they please to relieve them when ill. But we are fully confident that such legislation as would prohibit any and all persons from fraudulently assuming in any way such medical titles as are conferred under the laws of this Commonwealth, with a proper penalty for violation of the same, would commend itself to the good judgment of all. And further than this, we are confident that it would be the sense of the great body of our people, and of the authorized schools of medicine, that a board of examiners should be constituted whose function should be to designate those who are thus properly qualified doctors of medicine.

The accomplishment of more than this has been suggested and is desirable in our opinion; but that done the people are informed

who are the legally qualified and constituted practitioners of medicine, and are so far protected against pretenders to medical degrees.

How a board of examiners, or its equivalent, can be constituted so as to act equitably toward each of the recognized schools of medicine,—regular, homœopathic and eclectic, and toward all other persons, has been and is still a source of perplexity in the minds of many. In a certain sense it is the misfortune of the so-called regular school, that it is so largely in the majority of the two other schools as to make them suspicious of a possible abuse of its power should the membership of an examining board be made up pro rata. To meet this objection it has been suggested that each school have its own examining board, allowing applicants to go before whichever board they might select. A joint board, however, it is claimed, would be a more just arrangement, and would give a more uniform standard to the profession.

In the event of the enactment of any medical law touching this matter, the above and other items should come before the people and the profession for candid and non-sectarian consideration. But granted just legislation can be had in this direction, none can be greater gainers than the eclectic school so common has it been for pretenders to assume to be eclectics, to the immense discredit of that system. But while duly thoughtful of our own rights and the rights of all men, let us see to it that we cease not to strive to elevate the standard of the medical profession in all its parts and as a whole.

M.

STRANGULATED HERNIA AND THE HYPODERMIC SYRINGE.

In a recent issue of the *American Medical Journal*, Dr. Pitzer wrote the details of a case of strangulated hernia in which he was able to return the protruded gut after reducing its size by repeated use of the hypodermic syringe, thus withdrawing a quantity of transparent serum. This he was led to do by the condition which he saw *post mortem* in a girl who died with symptoms of intestinal obstruction—intense pain in the region of the umbilicus, persistent constipation, vomiting finally becoming

stercoraceous, and collapse—and in whom a small strangulated hernia, containing little more than gas, was found pinched at the internal ring of which no trace could be found before death, though diligently searched for. He concludes that "these cases should teach us to diligently search for external signs in all cases where symptoms of obstruction exist, and that we may safely use the hypodermic syringe, or the aspirator if we prefer, in cases where a strangulated hernia is detected." He makes no claim of originality in this use of the hypodermic syringe, but our esteemed contemporary, the *Eastern Medical Journal*, after copying Dr. Pitzer's article verbatim, hastens to explain that "the above method of treatment for hernia is not new. W. F. Putnam, M. D., was the first person resorting to it. A report of the novel treatment was published in No. 2 of the present volume of the Journal."

Among our files of the *London Lancet* is one bearing date of 1865, and containing an article in which substantially the same method is described and commended, and in an old work on surgery the same mode of procedure is alluded to, not as one of recent origin, but as one which had long been resorted to, and the explanation is made that as the bowel collapses its three coats slide on each other and the punctures in them no longer correspond, so that no extravasation of feces follows, which is the chief danger.

We quite agree with the Eastern that honor should be given to whom honor is due, especially if he is an American, but from the evidence thus far adduced we think the credit of introducing this use of the hypodermic syringe belongs across the water.

AN INVITING FIELD FOR AN ECLECTIC PHYSICIAN.

Our attention was called recently to a thriving town about 50 miles from this city where will shortly be an excellent opening for an eclectic physician. Its present occupant intends within a short time, to remove to a location near Boston, where he is to succeed a physician of large practice who is incapacitated by ill health. He has occupied the field but a comparatively short time—two years we believe—and informs us that his collections last year amounted to $2,800. He would be glad to see the field occupied by the right man, and will do all that he can to introduce and aid such an one. Anyone interested may address the editor.

PERSONALS, BRIEFS, ITEMS, ETC.

The Twenty-third Commencement exercises of the Eclectic Medical College of the city of New York, will be held in Chickering Hall, 5th Ave. and 18th street, on Monday Evening March third. We have it from those who have thoroughly and rigidly examined the matter that there is not the slightest evidence whatever upon which to base charges of irregularity, and that such charges were only preferred to give color to statements made in the attempt to carry the pending medical bill through the legislature. It is believed that the instigators of the attack have no intention of carrying the matter farther.———*What physician* has not used Fellows' Hypo-Phosphites in chronic cases of debility and nervousness? If there are any such they have failed to avail themselves of a preparation of the greatest utility in such cases. It is especially useful in diseases characterized by mal-nutrition and we confidently advise its use in such instances. All druggists keep it, or for fifty cents a sample bottle containing 128 doses, can be obtained from Mr. Fellows, 48 Vesey Street, New York, expressage prepaid.———*Dr. Lesnerich reports* in the *Paris Medicale*, the case of a male infant 10 months old that secretes a considerable quantity of milk. The infant has, for its size, well developed mammary glands.———*The proprietor* of a certain patent cough medicine advertises for someone to undertake its sale. He says "it will be profitable to the undertaker." We have no doubt of it.———*Dr. L. T. Beam* of Pennsylvania, vice-president of the National Association, was recently caned. It—the cane—was gold-headed, and its presentation was followed by a dinner given in honor of Dr. Beam, by a number of his intimate friends and associates.———*The following case* which occurred in the practice of a well known physician of this city, well illustrates the happy results often attained by the use of Murdock's Liquid Food: Mrs. W., aged 18, was so reduced that her life was despaired of, and was not able to be removed to a hospital, but her physician recommended Liquid Food, and she commenced nine months ago. She was not able at first to retain over ten drops, four times daily, with four injections, one tablespoonful of Liquid Food with four of water. She has been improving all the time; is now taking four teaspoonfuls, with three of Liquid Food daily; is gaining in flesh and strength; is able to take milk and other liquids; to go from her bed to the window and sit up three hours in the morning and afternoon daily, and is every way improving rapidly.

CORRESPONDENCE.

THE ECLECTIC MEDICAL COLLEGE OF NEW YORK CITY.

To the Editor.

Dear Sir: The slanderous statements that have been made concerning the Eclectic Medical College of New York City are untrue in every particular, and originated with certain jealous allopathic physicians who wished to injure the college if possible and bring eelecticism into disrepute. The college is in a highly prosperous condition, with a large class in attendance, and a full and able corps of professors. I have passed the winter in New York and have visited all the colleges repeatedly, and I do not hesitate to affirm that in no medical school in that city are the teachings more thorough, progressive and complete than in the Eclectic Medical College, and it is my firm belief that in point of excellence the school is not surpassed by any college or university in that or any other state.

Yours fraternally,

Geo. H. Hastings.

Woburn, Mass., Feb. 22nd, 1884.

BOOKS, PAMPHLETS, ETC.

A Digest of Materia Medica and Pharmacy. Forming a complete Pharmacopœia for the use of physicians, druggists and students. By Albert Merrell, M. D., Professor of Chemistry, Pharmacy and Toxicology in the American Medical College, St. Louis, Mo., member of the State Board of Health. Published by P. Blakiston & Son, Philadelphia. Price $4.00.

The author says his object in this book "is to present a condensed statement of such essential facts pertaining to each drug therein described as will form the ground-work for their rational employment in the treatment of disease." A perusal will satisfy any reader that the author has fully succeeded in his object. The book exhibits throughout much study and research. The various drugs of the materia medica are concisely described as to their physical and chemical properties and their therapeutic action. Tests are also given. An excellent feature of the book is, that each preparation is so adjusted as to represent in strength

a definite multiple or fraction by weight of the drug from which it is made. In many respects this work is of superior merit, and practitioners will find it very convenient and valuable for reference on all subjects pertaining to materia medica and pharmacy. It is unusually well printed and strongly and handsomely bound.

THE ROLLER BANDAGE. By Wm. Barton Hopkins, M. D., Surgeon to Pennsylvania, Episcopal, and University, Hospitals, etc., etc. Pp. 95. Philadelphia: J. P. Lippincott & Co. 1883.

Dr. Hopkins, through his connection with numerous surgical institutions, has had unusual experience in surgical dressings, appliances and manipulations. Others may have the benefit of this, by perusing his little book in which illustrations, with which the book is replete, rather than elaborate description, are employed to convey a knowledge of the roller bandage in its various uses. That which may be seen will be more readily understood than any verbal explanation, and the book will not only prove of value to beginners but may be read with advantage by older men, for good bandaging is an essential in some departments of surgery, and one not always understood.

THE AMERICAN PSYCHOLOGICAL JOURNAL. P. Blakiston, Son & Co., Philadelphia, Pa.

We noticed the first issue of this valuable quarterly some months ago. The present number is filled with valuable papers on the subjects within its scope and is of great interest. This journal will give the general practitioner, a better knowledge of a much neglected subject, than any other with which we are acquainted, and will prove a valuable addition to any library either for reading or reference.

ECLECTIC MEDICAL AND SURGICAL JOURNAL.

This new aspirant for professional favor comes to us from Des Moines, Iowa, and is edited by Dr. Shoemaker, Professor of Surgery in King Eclectic Medical College of that city. It contains much that is of interest, and, claiming to be eclectic, has backbone enough to put it on the cover. We wish it abundant success.

DIO LEWIS' MONTHLY, 69 Bible House, New York.

This magazine is filled with a great variety of short articles, bright, sparkling, sometimes witty, always readable and healthy. No mistake can be made in admitting it to the family circle where it may be a source of valuable information, teaching its readers the way to a better life, by giving them a better knowledge of its natural laws.

School Hygiene, by Charles J. Lundy A. M., M. D., Professor of Diseases of the Eye, Ear and Throat, in Michigan College of Medicine, Detroit.

This is an interesting paper, on a subject of immense importance, which was read before the American Health Association, last year.

The Heart of the Continent and Landscape Wonders of the Western World, are two attractive little books issued by the Chicago, Burlington and Quincy Railroad. They are generously illustrated with well executed views of the picturesque scenery along the popular "Burlington Route."

RECEIPTS.

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received for the month of February:

G. H. Merkel 1, P. E. Howes 1, H. C. Young 1, H. A. Olston 1, J. F. Croney 1, Mrs. A. E. Bradford 1, J. Arnold 1, W. S. Allen 1, W. C. Bates 1, N. J. Betts 1, J. S. Birch 1, T. B. Bedortha 1, A. H. Bolles 1, L. E. Baker 1, P. R. Crandall 1, W. G. Carpenter 1, T. Corbin 1, H. J. Converse 1, E J. Danelson 1, E. E. Douglass 1, E. H. Firth 1, O. Ford 1, L. H. Grose 1, H. G. Day 1, C. F. Hawley 1, F. Allen 1, K. C. Brown 1, K. Borkoritz 1, N. D. Bedortha 1, W. Barker 1, E. J. Briggs 1, W. G, Borkoritz 1, J A. Butterfield 1, B. J. Chapman 1, E. W. Crowell 1, A. Cullen 1, H. J. Dye 1, S. H. Firth 1, H. D. Foster 1, A. H. Goodspeed 1, S. J. Holland 1, J. Howard 1, H. D. Hanks 1, P. A. Hale 1, T. I. Johnson 1, D. J. Kellner 1, S. Liston 1, E. D. Lake 1, E. C. Chase 1, Robt. Blake 1, D. P. Le Clair 1, Henry Reny 1, A. S. Russell 1, I. E. N. Bohemier 1, F. D. Johnson 1, Sam. York 1, B. S. Warren 1, G. W. Musso 1, Mrs. C. Mansfield 1, J. A. B. Alcock 1, S. C. Ames 1, G. Newby 1, W. W. Nims 1, N. A. Purdy 1, W. T. Quackenbush 1, A. J. Rega 1, M. F. Smith 1, D. W. Thayer J. Tyler 1, J. Von Volkenburgh 1, D. S. Hanchett a, E. L. Horton 1, S. C. Huntington 1, A. Hochstrasser 1, A. J. Sax 1, W. D. Waller 1, A. E. Colerick 1, W. M. Brown 1, W. L. Tuttle 1, Margery T. Pierce 1, John Perrins 2, W. N. Mundy 1, J. L. Brackett 1, A. H. Mueller 1, A. V. Thorp 1, E. V. Wharton 1, G. R. Linley 1, C. C. Johnson 1, A. C. Jones 1, H. T. Kempter 1, P. Low 1, W. H. Leonard 1, B. M. Ladd 1, F. N. Marsh 1, A. F. Marquis 1, J. F. Ingram 1, J. H. Fahnestock 1, Clara C. Moore 1, E. R. Kunze 1, F. C Lownsbury 1, F. J. Neep 1, M. Nirson 1, W. J. Owen 1, V. R. Pierce 1, J. L. Phelps 1, T. Robens 1, A. E. Richards 1. L. O. Southworth 1, S. Tuthill 1, A. G. Thayer 1, J. J. Westcott 1, J. Wilson 1, H. W. Meader 1, N, D. Waterbury 1, S. C. Bent 1, G. Dart 1, L. P. Templeton 1, M. L. Burhans 1, J. A. Davis 1, F. W. Ball 1, J. N. Shepard 1, F. A. C. Lindorme 1, W. L. Alden 1, W. Bell 1, P. D. Borden 1, H. L. Rorden 1, B. N. Brown 1, H. Cahill 1, S. Carter 1, M. J. Congreve 1, O. Davis 1, C. J. Durgan 1, O. Ellerson 1, B. E. Foote 1, M. B. Genung 1, S. O. Gregory 1, D. F. Gridley 1, E, C. Griswold 1, L. C. Harding 1, L. T. Harris 1, H. W. Hawley 1, W. H. Hawley 1, M. Hermance 1, D. G. Hewitt 1, C. E. Hill 1, C. J. Hulbert 1, A. J. Hutchinson 1, T. E. Jones 1, W. Jones 1, C. S. Markley 1, C. F. Maxom 1, S. E. Moore 1.

STATE ASSAYER AND CHEMIST FOR MASS.

Sanitary and Medical Analysis.—Hygienic Research.—Forenic Examinations.

——Expert Testimony and Investigation.——

W. FRENCH SMITH, Ph. D.,

No. 235 Washington Street, P. O. Box 3126, - Boston.

(CORRESPONDENCE INVITED.)

Ridge's Food FOR Infants AND Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York* The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best"; and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞ *PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

THEODORE METCALF & CO.,

39 TREMONT STREET, - BOSTON.

ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ ***Especial attention to manufacturing for Physicians from Private Formulas.***

MELLIN'S FOOD



FOR INFANTS AND INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

MELLIN'S FOOD is entirely soluble.

MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

MELLIN'S FOOD is the best food for well infants.

MELLIN'S FOOD is the best food for insufficiently fed nursing infants.

MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

DOLIBER, GOODALE & CO.,

41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

FOR CONSUMPTION AND WASTING DISEASES,

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil	80 m. (drops.)	Soda	1-3 grains.
Distilled Water	35 "	Boric Acid	1-4 "
Soluble Pancreatin	5 grains.	Hyocholic Acid	1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of he Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,

HYDROLEINE,

WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

KIDDER & LAIRD, Agents for the United States,

Price at Retail, $1.00 per Bottle. **Depot, 83 John Street, New York.**

☞In corresponding with Advertisers, please be sure and mention this Journal.

PNEUMATIC ASPIRATION.

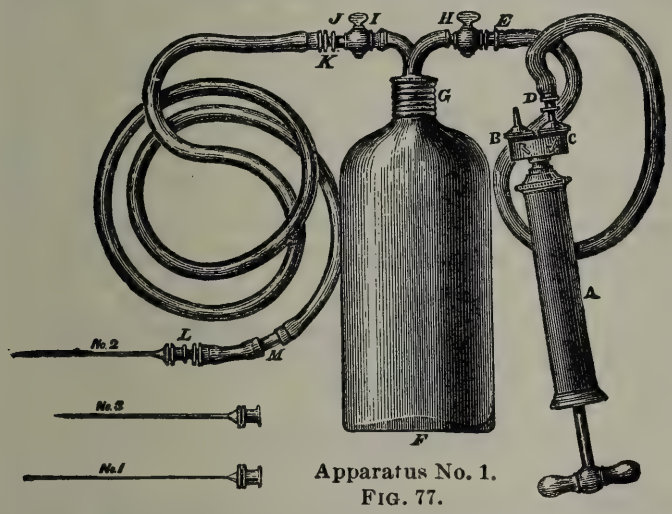
AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.

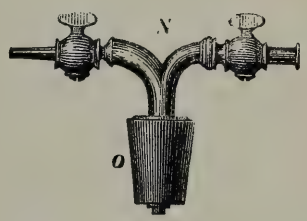


FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healhy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condeused air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condencing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)..... ***$16.00***

No. 2. The same, without receiver and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... ***$14.00***

No. 4 Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents) ***$6 00***

ALSO, ***Dieulafoy on Pneumatic Aspiration,*** post-paid, by mail, on receipt of ***$3.40***

☞FULL DESCRIPTION ON APPLICATION.

Caution—Faulty and even dangerous imitations of our Aspirators and Atomizers having appeared, we suggest the need of caution in purchasing.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

13 and 15 TREMONT STREET, - BOSTON, MASS

REED & CARNRICK'S

BEEF PEPTONOIDS

COMPOSED OF THE NUTRITIOUS CONSTITUENTS OF

Beef, Wheat and Milk,

FORMS IN ITSELF A PERFECT FOOD.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It is partially prepared for assimilation, and, therefore, makes but little demand upon the digestive powers of the gastric juice.

4th. Being in the form of a dry powder, it will keep in any climate.

5th. It contains over 90 per cent. of nutritious matter.

6th. It contains twenty-five times more nutritive matter than Liebig's Extract of Beef or similar productions.

7th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

8th. Beef tea and similar preparations to Liebig's contain but little else than the osmazone and stimulating properties of the beef, and are, therefore, almost valueless as constructives.

9th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

10th. It has the advantage of being easily and quickly prepared for use.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rheinish Prussia, Bonn, in a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing powers of various natural and artificial foods for infants and invalids, gives the following results as far as concerns their nitrogenous nutritive constituents:

Beef Peptonoids..... .....70%

	Per Cent.		Per Cent.		Per Cent.
"Caviar.....	25 81	"Fowl (breast)....	16.56	"White Bread.....	7.20
"Revalenta.....	19.93	"White of Egg.....	13.48	"Biscuit.....	6.71
"Smoked Ham.....	18.93	"Yolk "	13.01	"Oysters.....	5.78
"Fresh Beef.....	18.53	"Infants'Food.....	9.90	"Cows' Milk.....	4.00
"Extractum Carnis (Liebig's Beef).....					3.40

"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—*New York Medical Times.*

According to Dr. Stutzer's valuation of beef tea, a patient would be obliged to consume eighty pints of that deceptive liquid (prepared from eighty pounds of steak), before he could obtain the flesh-forming constituents present in one pound of **Beef Peptonoids.**

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 Fulton St., New York.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

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We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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E. S. DUNSTER, M. D., Ann Harbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

B. F. HAMMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

F. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.

HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. MARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clincal Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DOREMUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

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MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

☞ We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

Address, **The Maltine Manufacturing Co., JOHN CARNRICK, President.**
(Of Reed & Carnrick, Manufacturing Chemists and Pharmacists.)

NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injnries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80½ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well, where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ¾ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine.* Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

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The only Eclectic Journal in the South. Thoroughly practical, liberal, and progressive, and published in the interests of Southern Eclecticism, monthly, by S. T. Biggers, M. D., and Wm. M Durham, M. D.

Joseph Adolphus, M. D., Editor,

48 Butler Street.

ANGLO-SWISS MILK FOOD.

Made at Cham. Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.



TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per et.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded.'—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

"We find that it agrees with each case."—M. SPENCER, Matron Philadelphia Infant's Home.

Anglo-Swiss Cond. Milk Co., 86 Hudson St., N. Y. P. O. Box 3773.

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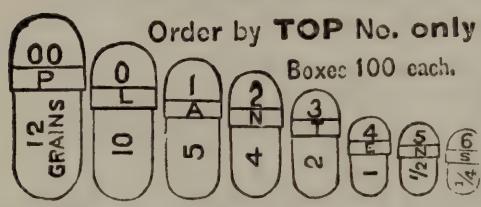
*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

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Hard and Soft Elastic { 9 Sizes: 3, 5, 10 and 15 Min., and 1, 2½, 5, 10 and 15 Gram. } All Kinds Filled.

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HORSE, 5 Sizes. 1, 2, 3, 4 and 8 drams.

For giving liquids or solids to Horses and Cattle.

DOG WORM, 5 Minims Oil of Male Fern.

CAPSULES for Mechanical Purposes.

For taking medicines free of taste, smell, injury to teeth, mouth or throat. 100 BY MAIL, 50 CENTS.

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THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness. Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat. **FREE**

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SARCO-PEPTONES!

(σαρξ, σαρκος—*flesh*; πεπτω—*I digest.*)

RUDISCH'S EXTRACT OF

PEPTONIZED BEEF.

We desire to state to the medical profession that we have assumed the agency for the sale of the above important preparation, and that we have on hand for distribution, *gratis*, a limited number of samples which we shall be pleased to furnish to physicians who may favor us with their addresses.

This preparation perfectly meets the modern idea of an artificially digested food, as well as that of an extract of meat, being rich in nitrogenous matter in the form of PEPTONES derived from the ALBUMEN of the meat.

"SARCO-PEPTONES" contains not only *all the extractive substances*, organic and inorganic salts of the beef, but also *most* of its *albuminous* portion converted into a soluble and easily assimilable form, known in Physiology as PEPTONES.

SARCO-PEPTONES cannot be compared either with beef-tea or with the commercial beef extracts after Liebig's formula, for whilst this preparation is a FOOD in the same sense as beef is, the best authorities, including Baron Liebig himself, have demonstrated that Liebig's Extract is only a STIMULANT.

One part of SARCO-PEPTONES corresponds in nutritive value to *eight parts* of fresh beef.

All the objectionable features of artificially digested meats heretofore offered to the profession and the public have been overcome in SARCO-PEPTONES, owing to the special method of preparing the same.

The superiority of SARCO-PEPTONES consists in:

I. The Large Percentage of Peptones which it Contains.—There are 35 per cent. of Peptones, beside other nitrogenous substances.

II. Its Absolute Purity.—It is diluted with no foreign matter whatsoever, but contains only such as is derived from the meat itself. For this reason it is one of the *cheapest* products of its kind ever put on the market.

III. Its Uniformity.—The method of preparing this product is such as at all times guarantees its uniformity.

IV. Its Palatability.—The taste of this preparation is such as to be acceptable to the most fastidious patient.

V. Its Perfect Solubility in Water.—Sarco-Peptones will dissolve at once in boiling water; and in a comparatively short space of time, in cold water.

The process of digestion has been partially accomplished in the preparation of this article, hence the *weakest stomach* will be able to assimilate it. Therefore, Sarco-Peptones may be employed as a remedy in ANÆMIA, EXHAUSTION, INDIGESTION, FEVERS, etc., and in all cases *of convalescence* as well *as by the healthy.*

☞ Send for reprints of articles on the relative value of the ordinary meat extracts and Sarco-Peptones, written by eminent physiologists, and published in various medical journals of high standing.

PARKE, DAVIS & CO., Man'f'g Chemists.

60 Maiden Lane, 21 Liberty Street, NEW YORK CITY. DETROIT, MICHIGAN.

PINK GRANULES.

PINK GRANULES are diminutive pills, containing minimal doses, and coated with sugar, to which a pink coloring has been imparted. They are an exceedingly attractive form for the administration of medicines, and are especially adapted to children, the dose being regulated according to the needs of the youngest, and the appearance being such as to remove from them all suggestions of a disagreeable nature In the case of fastidious women, also, the Pink Granules are a desideratum. In such cases as require the exhibition of small and frequently repeated doses they will, moreover, be found to be very pleasant and convenient.

Our Pink Granules are placed on the market on a legitimate margin of profit, and unprotected by any patent or copyrighted trademark or name. In these respects they differ from similar preparations put out by competing houses. It is the policy of our house to seek no other monopoly of any particular product than such as is the legitimate outcome of superior enterprise and skill in manufacture. Any other protection than this is for the purpose of securing exorbitant profits, is in direct violation of express provisions of the Code of Ethics to which the great majority of medical practitioners have either formally or tacitly subscribed, and is contrary to the spirit of the humanitarian profession of medicine, of which pharmacy is a branch.

COMPRESSED TROCHES.

Actuated by the ethical considerations referred to above, we have also placed before the profession our Compressed Troches. Our formulæ comprise POTASSIUM CHLORATE, POTASSIUM CHLORATE AND BORAX, and SODA MINT. These are guaranteed equal to any similar preparations under similar name, in the market, and have the advantage of being lower in price and entirely unobjectionable to the ethical practitioner.

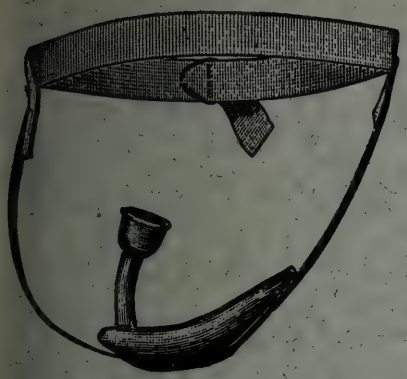
We respectfully request that physicians desiring the above forms of medicines will specify them by the names which we have given them, and, in order to avoid possible substitution on their prescriptions, that they will also specify our manufacture by the addition of "P., D. & Co." By so doing they will both effect a saving to their patients and assist in ridding reputable medicine and pharmacy of the copyrighted trade-mark abuse, which is being fostered by their support, and in direct antagonism to both the interests and ethics of the profession.

PARKE, DAVIS & CO.,

Manufacturing Chemists, *DETROIT, MICH.*

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

FIG. 1.



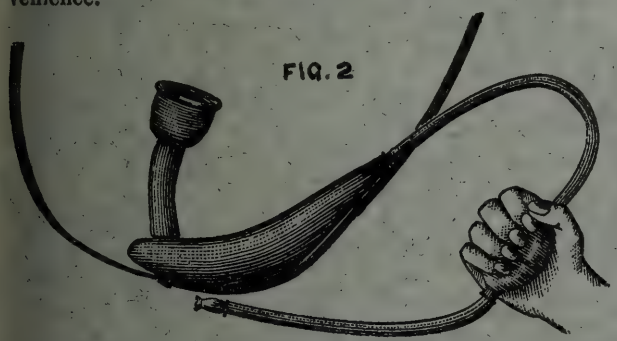
FARR'S PATENT

Ladies' Menstrual Receptacle.

SOLD BY ALL DRUGGISTS, AND AT LADIES' FURNISHING STORES, ETC.

This is the only Menstrual Receptacle in use, and is the grandest invention for the convenience and cleanliness of ladies. It gives entire satisfaction in all cases. No lady can afford to be without one. Its use is indispensable whether travelling or at home, and can be worn from the commencement of the menstrual period until its close.

By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing, the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

Price of Menstrual Receptacle, . . . $3.00 each.
" " " " and Syringe, 3.50

Sent by mail or express, as desired, to any address, upon receipt of the money, by P. O. Order, Registered Letter, Check or Draft payable to my order.

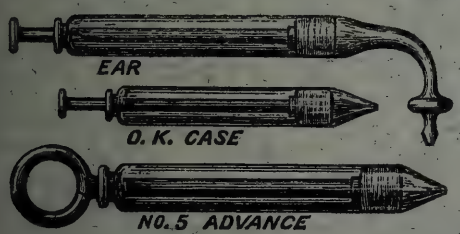
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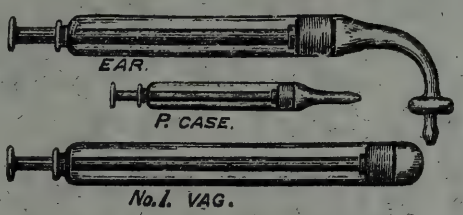
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ORIGINAL COMMUNICATIONS.

HAMAMELIS. (*Concluded.*)

BY PROF. GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

III. As may be gathered from what I have already said hamamelis is a famous remedy in hemorrhages; but it must be remembered that these all come from the venous side. If the blood be bright in color, if it spurt out in ever so small a stream at each heart-pulse, then it is waste of time to wait upon witch-hazel. But if on the other hand the flow is turgid, the color dark, even though the quantity is excessive, hamamelis is the prince of remedies.

It must also be noted as a factor in these cases, that the hæmorrhage occurs not on account of an altered state of the blood, but because the vein-walls are at fault.

Epistaxis, even when it proceeds to an alarming extent, is promptly arrested by hamamelis, if of the passive variety. I had recently a case of a young girl who had suffered from nose-bleed for almost a week. The discharge was only drop by drop at intervals of darkish blood, but all means that had been tried to arrest it failed except temporarily. Hamamelis put an end to it in a few hours, and it has not returned.

The ordinary nosebleeds of childhood are usually arterial and harmless, being self-limited. If these are excessive and likely to prove debilitating, erigeron or trillium will probably be effec-

tive. The passive kind is lest frequent, is apt to be associated with congestive headaches, and here, with witch-hazel to help you, you will not be far a field. The internal administration will sometimes suffice and again it will not. The quickest way is to saturate a pledget of cotton-wool with the extract and place it in contact with the bleeding surface, or as near as possible. It might be thought that it acted here simply as an astringent from virtue of the tannic acid it contains. But this is not so. I have seen it quickly arrest hæmorrhages which had defied solutions far richer in tannic and gallic acid than this, showing that its power as a hæmostatic resides not in its mere astringency, but is a specific quality of the plant.

Hæmorrhages from the gums and other portions of the buccal cavity are not infrequent, and when passive yield readily enough to witch-hazel. A common form is that occurring after the extraction of a tooth, although here hamamelis in one case left me in the lurch, although seemingly well indicated, and I had to fall back on ferri persulphas.

In hæmatemesis I have not had much success with witch-hazel, although I have used it in large, small, and medium doses. I should not expect to see beneficial results follow its administration if ulceration or cancerous growths were the cause of the hæmorrhage, although in one case which had been diagnosed by several physicians as cancer of the pyloris, and which I saw once only in consultation, and for which I prescribed drop doses of Pond's extract, recovered completely under its use. This patient was about fifty years of age, a returned Californian, and was so weak that he was confined to his bed. He had suffered from bloody emeto-catharsis for some time.

The form of stomachic hæmorrhage, however, in which witch-hazel can be used with greatest satisfaction is based on hepatic and splenic derangements, and consists of dark colored blood mixed with food. The amount of blood is usually proportionately small.

Hæmorrhages from the bowels are much more likely to engage your attention, and are apt to be more serious. Rupture of the portal veins, intussusception of the bowel, ulceration, the presence of parasites, hepatic and splenic disorders, are the causes

of hæmorrhage here. It also occurs as a factor in diarrhœal and dysenteric discharges.

In melæna from congestion of the portal system, either directly or indirectly, you will usually have good success in the use of hamamelis; the blood evacuated being generally dark in color and the condition asthenic. From the tar-like appearance of the discharge, leptandra is often prescribed here, but is unavailing.

Dr. Preston reports that he was successful in arresting a hæmorrhage caused by carcinoma of the bowels, by means of this remedy.

In diarrhœa and dysentery if the mucus is mixed with clots of dark blood, and there is no tenesmus, and little colic, great aversion to water and no appetite, hamamelis will do good. The more serious the hæmorrhage in proportion to the irritation of the mucous membrane, the more likely hamamelis is the right remedy. If however, the blood be bright in color and fluid, if there be burning pains in the bowels and rectum, if the stool is lumpy, and after an evacuation the anus feels as if torn, then erigeron is the proper remedy. When the dysenteric stool consists of tenacious mucus, streaked with dark blood; there is much thirst, but drinking causes shuddering; writhing pains before and during stool, with tenesmus after the stool; and burning in the urethra while urinating, capsicum will cure. Iris versicolor is sometimes useful in cholera morbus when the stools consist of bloody mucus, the discharges more frequent during the night, with burning the entire length of the digestive tract from the mouth to the anus. Aloes is adapted to that form of diarrhœa occurring in hot damp weather, worse in the morning hours, preceded by an irresistable urgency, which drives him out of bed in the greatest haste, accompanied with gurgling in the bowels like water running out of a bottle, and followed by prostration or even fainting. Hamamelis is useful in typhoid when the stools consist of large quantities of tar-like blood. Baptisia is likewise useful in typhoid when the evacuation consists of pure blood; a characteristic condition here is that the patient continually complains of needing more air, wants to be carried to the window to get the fresh air, and is afraid to go to sleep for fear of suffocation.

The following case illustrates the power of hamamelis here: Mrs. N. K., aged forty-one, widow, had suffered from bowel troubles for several years. During the past seven months she had passed almost daily a quantity of blood with the stool. This blood was not usually mixed with the fæces, but consisted of lumps of jelly-like consistence, dark in color, odorless; resembling much in appearance black-current jelly. The bowels though regular were somewhat costive, but there were no hæmorrhoids. She was much debilitated, though appetite was good; she slept well; and the menses were regular. Divining this to be a case of mere bloody oozing succeedent to intestinal catarrh I prescribed ten drops of the tincture of witch-hazel, to be taken in water, in divided doses, each day. In ten or twelve days she returned to thank me for the relief she had obtained; the hæmorrhage had entirely ceased, and she had already begun to feel stronger in consequence.

Its action upon the urinary organs will now engage our attention. I do not count it here as equalling turpentine, spanish fly, erigeron, or even uva ursi; but still many cases of hæmaturia are reported as cured by witch-hazel. The trouble here is to distinguish between an arterial and a venous hæmorrhage. If the cause be in the condition of the veins in the kidneys or anywhere along the urinary tract, that is, if we have to deal with a phlebitis or a varicosis, we may reasonably expect aid from hamamelis. I do not think it has any influence on the cortex of the kidney or upon the coats of the bladder; we will not find it available in any of the phases of Bright's disease, nor in inflammation of the bladder, ureters or urethra; still it is not to be overlooked when cases of bloody urine come to us for treatment, as the following will show:

R. T., aged twenty-six, a joiner by trade, had been treated for kidney and bladder trouble for some weeks. There was some pain in the lumbar region but hardly enough to cause real discomfort, and the thermometer showed at once that there was no inflammatory action in progress. The urine was scanty and very dark, with considerable irritation in the urethra, and frequent urging. Examination of the urine showed the color to be caused by the presence of blood. Apart from this difficulty he

seemed to be in fairly good health. As he had been under the care of two physicians both of whom I knew, I had a pretty fair idea as to the treatment he had had, and I felt convinced that none of the usual round of remedies would be likely to be of any value. After collating the symptoms carefully I determined to try hamamelis which I gave in the second decimal trituration. This he took for two or three weeks in decreasing frequency of dose as the condition improved, until he finally declared himself as all right.

In menorrhagia you will not find much satisfaction in the use of witch-hazel. That is when the ordinary monthly flow is simply increased in quantity or exceeds in time its normal limits, the cause is usually such as is unaffected by the administration of this drug. But when between the periods you are called to treat a case of hæmorrhage of dark, turgid blood (Metorrhagia) then you will find the action of hamamelis almost magical.

Miss M. R. H., aged twenty-four, unmarried, seamstress, had felt ill for several days. Complained of dull headache, loss of appetite, burning feeling in the lumbar extending down to the sacral region, soreness in the left ovary, and ardor urinæ. Had been "unwell" ten days previously and had not felt right since. On getting up in the morning noticed a slight discharge like bloody leucorrhœa, which increased during the day to such an extent as to greatly alarm her. I saw her about eight o'clock in the evening. She was then lying down and feeling quite faint; thirsty; pulse 104; temperature 99° F.; discharge consisted of dark, coagulated blood. I gave her hamamelis in two grain doses of the second decimal trituration. The hæmorrhage gradually lessened, and ceased altogether by morning.

Vicarious menstruation sometimes takes place from the bowels, lungs, nostrils, or stomach. This may be the result of venous congestion, if so hamamelis will help. I saw a case of this kind, where there was each month a considerable hæmorrhage from the lungs, and in which various remedies had been tried, finally yielding to the administration of witch-hazel.

In hæmoptysis witch-hazel is highly esteemed by some physicians.

A young lady, aged sixteen, was seized while at school, and without any premonitory symptoms, with blood-spitting. The patient was of slender build, light hair, blue eyes, fair complexion, lax fibre, and phthisical diathesis; menses regular and normal. The blood-spitting commenced with a slight hack, and continued with scarcely a moment's intermission, up to the time of my visit, a period of nearly an hour. I found her lying upon a sofa, calm, with a napkin in hand nearly saturated with apparently pure venous blood, and spitting about the amount of a teaspoonful at intervals of one or two minutes. The blood came into the mouth without any effort. She described it as issuing about ten inches below the right clavicle, in a warm current, making apparently a tortuous course, and at the same time there was a sensation in that region, as from the pressure of a hard body. Pulse somewhat excelerated—eighty-five. Various remedies were given without amelioration. Finally hamamelis was given, four drops of the tincture to half a tumbler of water. A spoonful was given. The bleeding immediately ceased, and did not afterwards return.—PAYNE.

I have used hamamelis successfully in two cases somewhat similar to the above. One was a young gentleman who fell at the gymnasium and struck his right shoulder. The hæmorrhage set in about three days subsequently. The other was a little girl, about thirteen years of age, where no known cause existed. It may have had some relation to the oncoming puberty, as she menstruated slightly three months after.

It will be well not to forget that in cases of blood-spitting if the blood is rosy in color, frothy in appearance, or requires much coughing to expectorate it, hamamelis is not the remedy.

The cough which indicates hamamelis is slight, hacking, caused by a tickling sensation in the throat, and is accompanied by a taste as of blood or sulphur in the mouth.

It is time that I spoke of the value of witch-hazel in the treatment of injuries. Here it is a sovereign remedy if used early in suggillations from falls, blows, contusions and the like. A bruise is a species of hæmorrhage, and as such is quite within the sphere of hamamelis. If applied immediately after the accident it will ward off all serious consequences, and the tissues return to their normal condition with certainty and celerity. I had an instance of this not long since in my own family. I have a boy about three years of age who is passionately fond of watching

machinery in motion, and asking questions about it. The other day his grandmother was using her sewing machine. Suddenly, how we never knew, the machine stopped, one of his hands being caught between the fly-wheel and the frame-work. On carefully removing the hand, the bones were found to be unbroken, but the hand was as badly contused as it well could be, and the fingers looked as if they would drop off. I hurried him into my office where I poured the extract of witch-hazel all over the hand and kept dropping it on for some minutes. Finally I bandaged it up with the extract and sent him away. The next day the hand instead of being swollen out of shape and showing signs of suppuration, was as supple and natural as a hand could be.

While in service of a dispensary in a populous tenement house district I was several times called upon to treat children who had tumbled out of a window or down a stairway. Usually hamamelis proved all-sufficient. Once a child was brought in suffering from having inhaled steam from a kettle. I bathed the tissues as far as they could be reached with a swab, and I do not think the scald went further than the pharynx, using a lotion of witch-hazel, and the after consequences were slight.

Injuries to the eye when extravasation results are curable with this remedy used as a collyrium and administered internally. It is a favorite domestic remedy for a black-eye.

A little boy last fourth of July was burned in the face quite badly by the premature explosion of a fire-work that he was igniting. Conjunctivitis set in but was controlled by a collyrium of witch-hazel, a vaserole of the same being applied to the burned cuticle. Dr. Hering reports the cure of a case where melted sugar was the cause of the inflammation; and Dr. Holcombe mentions two cases, one from a splinter in the upper palpebral conjunctiva, and the other from contact with a puff of flame.

Possibly it might be useful in congestions other than the result of traumatism, but I have not tried it in these. It certainly causes in excessive (physiological) doses, swelling of the eyeballs, soreness, and blood-shot appearance.

IV. We now come to its uses in neuroses. It undoubtedly possesses some specific relation to the posterior columns of the

spinal chord, and will in time greatly extend its usefulness in controlling neuralgiæ, as its effects become better known. It influences the mental and dental branches of the portia dura (facial nerve), and when the pain (toothache) is worse in the warm room and the cause is not decay, hamamelis will help. Neuralgia of the eye, when the pain is so intense that the patient refuses to allow the eye to be touched, or even to move it, has been cured by it.

Its action is almost unique on the ovaries and testicles. In sub-acute ovaritis from mechanical injury, or as an incident to obstructed menstruation or pregnancy, it is a very satisfactory remedy.

A young lady in getting out of a phaeton struck the front of her left hip violently against a hitching-post. The next day there was so much pain and stiffness in the neighborhood of the bruise that she was unable to go out. I saw her the following day. The left ovary was then considerably swollen and exquisitely tender. She could not bear the slightest touch on the inflamed part without screaming. The vagina was hot, dry, pulsating; and shooting pains radiated upward to the epigastric region. Arnica had been applied faithfully from the beginning of the painfulness, but had afforded no relief, and the trouble was becoming worse and worse hourly. I ordered a lotion of witch-hazel to be applied as hot as could be comfortably borne, the cloths to be kept constantly wet; giving at the same time the second decimal trituration of hamamelis, two grains every other hour. Under this treatment the pains and swelling gradually subsided, and in four days she was entirely recovered from the effects of the accident.

Frequently women attempt abortion on themselves by means of some slender instrument such as a knitting needle or a pen handle. The irritation thus caused in the uterus may extend to the ovaries and bring on serious consequences. I remember being called to such a case several years ago. This was a young woman of prepossessing appearance, aged about thirty-four, and a milliner by occupation. I was sent for to attend her. She told me that she had come on unwell about a week previously, and that the flow had lasted with slight intermissions ever since.

She had just returned from her work, and was suffering so much pain, that she had been unable to undress. The pain was located in the right ovary, which was swollen and tender. The hæmorrhage was dark in color, clotted, and slightly fœtid. Pulse 96, temperature $100\frac{20}{10}$° F. I at once suspected the real cause of the trouble, which she denied stoutly. She received the same treatment as in the case just mentioned; the flow stopped during the night and did not return, the ovarian irritation gradually disappeared during the course of the succeeding forty-eight hours. Not profiting by experience she had a similar trouble about eight months subsequently, and hamamelis again helped her out of it.

It is not to be supposed, however, that witch-hazel is adapted to every case of ovarian irritation or inflammation; nor is it by any means clear what are the specific indications for it. I have given it many times, when the result was complete failure. From my experience it is no use continuing the remedy if good results do not follow in a few hours. This is the reverse of lilium tigrinum in ovarian disorders, which rarely produces any apparent result at first, and needs persistence to show it at all.

The same remark holds true in regard to its use in dysmenorrhœa. It does not deserve a place in the front rank with viburnum, cimicifuga, æsculus, and caulophyllum, and I rarely employ it here. Still it is but right to say that many physicians use it successfully and praise it highly.

As an injection in leucorrhœa, in vaginismus, and in all irritations of the vagina, hamamelis proves useful in ameliorating and in some cases curing the disorder. When sufficiently dilute it forms a cooling and delightful application and is to be commended for ordinary domestic use. Pond's extract is recommended for pruritus and prurigo, but I have never been able to afford relief with this or any other preparation of witch-hazel.

In neuralgia of the testicles I have seen it several times prove of the greatest value. In other cases it was merely palliative, the effect wearing off after the discontinuance of the medicine.

Orchitis from metastasis of gonorrhœa, usually caused by injections into the urethra, or from taking cold, is not generally much benefitted by hamamelis; here clematis and rhododendron being more effective. But when this congestion occurs as the

result of an injury then witch-hazel is the best remedy we have, far outrivaling arnica.

C. D., aged forty-eight, had stumbled and fallen on jumping from a horse-car. Two days afterwards the testicles began to swell and became very painful, so much so as to confine him to the house. The internal and external use of witch-hazel completely cured him in two days.

V. Hamamelis has been recommended in acute rheumatism. As an anodyne application it possesses decided properties, but as an anti-rheumatic I do not believe in it. The cases of such reported cured by it seem to me to be inflammations of deep-seated veins, a serious disease enough, but still not rheumatism.

Dr. Coe mentions that he has found it beneficial in the latter stages of phthisis, allaying the gastric irritability and restraining the diarrhœa.

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*CEREBRAL PHYSIOLOGY AS APPLIED TO EDUCATION.**

BY J. M. ALDRICH, M. D., FALL RIVER, MASS.

As the primary and important function of the brain is to receive sensorial impressions and evolve ideas, which in their quality and character become the distinguishing feature of the genus homo, the importance of a correct knowledge of its physiological action becomes at once apparent. No system of education, no theories of liberal culture, however old and venerable or recently enunciated, which are not based upon the fundamental laws of cerebral activity can claim permanent recognition and adoption. And as in this age and country every child is expected and required to obtain at least the elements of an education, and as his health and future mental condition will largely depend upon its proper acquisition, it should be the special duty of every physician as the conservator of the public health, and the family adviser in all that relates to its physical well-being, to inform himself as far as possible of the normal action and use of this important organ.

At present cerebral physiology is comparatively an unexplored region, and what may now be said upon the subject must be

*Read before the Massachusetts Eclectic Medical Society.

regarded as merely a tentative effort to throw a glimmer of light upon this dark portion of the body,—to collate and arrange a few facts and make a few deductions from them which may possibly be of some benefit when applied to educational matters.

The brain is the organ which receives sensorial impressions and by its mysterious alchemy transmits them into matters of consciousness, and mental products. All mental operations are here performed, and from thence are transmitted to the periphery of the nervous system and become outwardly manifested in conscious and varied muscular movements. It is also generally conceded that the cerebrum mainly is the part of the brain devoted to mental operations and intellectual processes, and that only a part of each hemisphere is involved in any definite mental conception; and that related sensations always find lodgment in similar portions of the cerebral cortex. Anatomical researches have also determined that in the cerebral cortex are an infinite number of nerve cells, and that the nearer we approach the circumference of the convolutions the smaller and more numerous they become.

From these cells are projected extremely small nerve filaments which extend in all directions, uniting together the various convolutions in a band of sympathetic and co-ordinate action. These filaments as they penetrate the more interior portions of the brain become larger and less numerous, and those destined to reach the periphery converge and pass into the gray matter of the optic thalami and from thence downward to the spinal axis. Nerves from the cerebro-spinal axis have also been traced upward into the same organs, and the anatomical character of these organs combined with well ascertained facts of pathology and physiology would seem to prove, that through these organs pass all sensorial impressions on their way from the nervous periphery to their definite and proper place in the cortical substance. What changes they undergo in this halting place we know not, but we may infer that they here become better fitted to pass into the cerebral cortex in which portion of the brain it is more generally admitted they are transformed into intellectual or emotional conceptions.

The brain being a physical organ is liable, like any other

organ of the body, to become injured by overwork or by the untimely or inharmonious development of its functions, and as it has the most vital connection with everything that pertains to human welfare whatever can contribute in any way to its normal functional development and proper use should not be disregarded.

In infancy the convolutions of the brain are very imperfectly developed and it is only in mature and educated manhood that their full growth and activity are required.

From the anatomical and functional knowledge of the brain already acquired it is believed that certain fundamental laws of cerebral action may be deduced, which must be observed in a physiological method of instruction, and to call attention to some of these deductions is the main purpose of this article.

Knowledge, in a general sense, is the only normal stimulus of the cerebral functions,—the pabulum necessary to all mental development. The brain may be properly supplied with blood, but if knowledge in the form of sensorial impressions be denied access to it, its functions will remain in a nascent state much as would the eye if it never received the stimulus of light. From this statement the inference may be safely drawn that the value of any study as a means of education may be partly estimated by the variety and quality of the sensorial impressions it is fitted to convey to the nerve cells of the cortical substance.

There is probably no period in our lives after we have attained to a state of conscious existence that the brain is not evolving ideas except when we are in a state of undisturbed and profound sleep. It is also probable that this product of the brain is as much saturated with hereditary tendencies as is the function of any other organ of the body,—that the stamp of heredity is as unalterably impressed upon the mental as upon the physical characteristics of the individual. From this it follows that the idea held by some persons that the brain in infancy is neutral unoccupied ground, and that all infants placed under the same influences will develop alike mentally, is no more correct than that they will develop alike physicaily. And consequently the attempt to train all children by one formula must necessary fail of securing the highest results.

Observation and experience teach us that the proper period for

acquiring a knowledge of facts regarding material things is in infancy and early childhood. This is evidently a fundamental law of mental development, and one too little regarded and followed by our professed educators. The importance of conforming early instruction to this law is enforced from the fact, that in no subsequent period of life is this function in such a state of recipient activity or the facts received so thoroughly incorporated into the very structure of the brain itself. Long before the child can give vocal expression to its thoughts it has gained, under favorable surroundings, an amount of knowledge of visible things and of the meaning of words that is truly marvellous. If our system of education was formed in harmony with this law what a multitude of facts, which lie at the basis of all science, or are related to material things which children daily see and handle, might be obtained. The perceptive faculties so keenly alive at this age, flitting from thing to thing, and so easily tiring of long mental as of physical confinement, in any one direction, should now receive that full and methodical training which becomes so important a factor in all subsequent investigations. And this kind of instruction harmonizes admirably with the immature condition of the brain of childhood, which like any other part of the growing body should be daily exercised in all its related parts, but not too long bent in any one direction. For as external impressions, or knowledge in a general sense, when conveyed to the brain by the different senses infringe upon and excite action in different parts of the cerebral substance, the result must be, when properly pursued, a healthy excitation of its various parts and its growth in a normal manner secured. How frequently have bright active children attending school where most of the time was spent on two branches of instruction, by this long continued action of the brain in one direction had a certain portion of it abnormally excited which has continued even during sleep to the great injury of both mind and body? The great law of variety cannot be disregarded with impunity in the mental growth of children.

Our mental powers are wonderfully complex in their nature, and the capacity of the brain to receive and appropriate external impressions, to bring them into such a condition of homogeniety

and co-ordination that rational and original ideas shall be projected from it, is so great, that only by a large and varied amount of impression made upon it can its powers in full measure be brought into exercise and its capacities developed. It is then a great mistake on this account, particularly in early education, to confine the child to only a few branches of instruction under the fallacious impression that a few branches of study exhaustively pursued is better than a larger number less completely acquired.

Thoroughness and completeness are not synonimous terms when applied to education. In order to learn the primary rules of arithmetic thoroughly it is not necessary that the child should understand the least common multiple, cube root, algebra, etc., that is, to have a complete knowledge of mathematics. Cerebral physiology informs us that if a person's brain is early and continuously exercised upon one subject that part of it thus used becomes abnormally developed and active, while the remainder is undeveloped and inactive, producing a distorted mental product which will be projected into the outward life and character. There is much to be said on this important part of education in favor of a variety of studies physiologically considered, but time forbids to pursue it farther.

Another important principle of education growing out of the multiform action of the brain is the bringing of as many of the senses and mental faculties as possible to bear upon any particular study, and thus to excite a more extended and associated action of the cortical substance, causing a more vivid and permanent impression to be made npon it. One may take four nails, place two in each division, and thus teach the child that two and two make four, but the impression on the brain and the amount called into action is much smaller than if the child were shown for the first time two beautiful bird's eggs in one nest and two in another, which when placed in the one nest made four eggs in all. If this principle were rightly understood some of our school histories would not be mainly composed of mere skeleton-like facts, chronologically arranged, with scarcely anything in detail to enable the imagination, the sentiments and the emotion to clothe these dry bones with something of a living reality.

The cultivation of the memory, the study of languages, when to begin the study of the principles of any science, are important questions which the known laws of cerebral action will help us more intelligently to solve, but I pass them with the naming and close with the remark that, if any have been awakened to a more thoughtful consideration of this department of physiology my purpose will have been accomplished.

ALBUMINURIA.

BY J. S. ANDREWS, M. D., TAUNTON, MASS.

THE importance of the organic compound called albumen to the human system may be inferred from the fact, that it forms the starting point of all animal tissues, as for example, the albumen enclosed in the egg shell furnishes all the materials of the perfectly developed chick. As some writer has said, "albumen may be considered the raw material of fibrine, and fibrine the animalized albumen;" hence when it is found in the urine, there is a consequent deficiency of fibrine, and a wasting of the tissues from innutrition; also the defibrinated blood having an excess of serum produces a tendency to dropsical effusion, and further, the urea which should be eliminated by the kidneys, is absorbed and thus contaminates the blood with a specific poison.

Doubtless a variety of causes contribute to the production of the disease, and among them may be mentioned; a torpid condition of the capilliary secretion, and of the liver, requiring the kidneys to perform vicarious work; alcoholic drinks, which over-stimulate and irritate these organs, malt liquors especially, requiring excessive action to remove the surplus fluids and also containing acrid or narcotic agents employed by brewers; together with excesses of any sort; or the injudicious use of diuretics, like a certain much lauded and *puffed* "kidney cure."

In alluding to treatment allow me to express my opinion, after an experience of forty years, that Bright's disease, or granular disease of the kidneys, is a comparatively rare complaint. But a patient with this disease, or those tending to produce it, receives prompt relief from the local application of Baumscheidtismus over the region of the kidneys, or, if this is empirical, the following

counter-irritant may be substituted: ℞. Olei tiglii, ʒ j; ether sulph., ʒ ij.; tr. iodini, ʒ v. M. After the eruption has subsided apply a belladonna plaster. (Seabury & Johnson's I regard as the best.)

Diaphoretics are clearly indicated like the compound tincture of serpentaria combined with asclepias tuberosa. Diuretics should be given very sparingly, but cathartics that produce colliquative discharges like elaterium or jalap, in minute doses of course, but sufficient to remove the fluids without burdening the kidneys, are of much service.

In not a few cases there is an intense craving for acidulated drinks, which may safely be gratified, either with gallic, acetic, citric, or sulphuric acid. I have found well fermented cider not only very palatable, but helpful and salutary. The diet should be unstimulating—milk toast, eggs, fish, oysters, etc., being especially suitable.

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PHILADELPHIA COUNTY MEDICAL SOCEITY.

DISCUSSION ON NERVOUS PROSTRATION.

Dr. Mills, in opening the discussion, by request of the Chair, said: "I understand that Dr. Bartholow denies that a disease exists, primarily nervous in origin, which can be called neurasthenia. He classes all cases so-called under two heads, congestive and anæmic, and holds that the symptoms presented are chiefly reflex effects of digestive or other visceral troubles. I have no doubt that many cases are to be thus explained, but we have others in which the cerebral condition is primary. In cases with the symptoms as detailed in the paper, we may perhaps clearly ascribe them to the causes and conditions referred to by Dr. Bartholow, but other cases may be explained in a different manner.

"In individuals whose higher ganglionic centres are so constituted, from bad inheritance or poor training, or both, that they cannot bear much strain, when subjected to this strain, these centres exhaust. We have certain functions called organic functions, respiration, vaso-motor, action, etc., with centres in medulla oblongata and spinal cord. These functions must be

maintained as long as the individual exists. Their centres must be nourished and sustained in a uniform way. Presiding over automatic movements, they must be kept in the highest tone, must have good blood and plenty of it. It is a principle brought out in the paper that local diversion of blood to any one organ or part will take it from other organs or parts; and we may, in accordance with this, have the higher brain diverting blood from the lower, or lower brain from the higher. We have *nervous* symptoms, the result of this overstrain of nerve-centres, and the disturbance of the equilibrium of the circulation thereby brought about.

"I am inclined to differ from Dr. Bartholow, and agree with Dr. Beard, as to the propriety of the term 'American Disease.' The social and business exigencies in this country are different, are more taxing than in Europe. In England, for instance, men become mature and enter public life at later periods than here. In France the difference is not so great, but the more absolute division of society into grades and castes prevents too fierce a struggle for high position. Here every man has the chance to rise to the highest position, and men enter especially political life in youth. Americans are not trained for special lines of life-work. They often attempt work too high for their mental powers, and break down.

Dr. Tyson: "I have many times asked myself the question, 'What is nervous prostration!' The answer was always, 'It is not a nervous disease, certainly not an organic nervous disease, and probably not a functional one. It is rather a condition of muscular fatigue, and it may be nervous fatigue. Most of the cases are accompanied by digestive derangements, which are responsible for many of the symptoms, most of which are reflex.' At the same time, I admit that some of the symptoms are puzzling, and not easily explained. Among these is the pain in the back of the head, often referred to as the result of 'nerve tire,' and sometimes regarded as an important indication of cerebral disorder, which it is not. In women, uterine derangement is often responsible for the complex symptoms known as nervous prostration.

"The point, however, that attracted me in the paper read, was allusion to the condition of the urine in one of the cases. It was described as dark brown, of high specific gravity, containing a trace of sugar. I have seen such cases, and think it not unlikely that the apparent sugar reaction is really due to uric acid, which is often abundantly present in these urines of deranged digestion. If we get rid of the excess of uric acid, by allowing it to precipitate spontaneously, or precipitate it by the addition of an acid,

the sugar reaction with the copper tests does not take place. Other characters of the urine, particularly its dark color and scantiness, are not usual to sugar containing urine."

Dr. Eskridge: "The most important point in the subject is whether the condition called neurasthenia is primarily a nervous disorder, or a disturbance in other parts of the body. I would have been better pleased, if Dr. Mills had elaborated more thoroughly his statements as to the organic functions, He said these functions must be well nourished, and that failure in them is due to failure in the upper nervous system. I would have liked if he had gone further in his explanation. Is this failure due to disturbance in the brain and upper portion of spinal cord primarily, or to failure in other parts of the body. Those who have paid attention to this subject say that breakdown does not occur unconnected with either worry or vice. I have never seen a case from mental over-work alone. In five cases of neurasthenia, of which I have notes, one was from sexual excess; two from worry connected with family troubles; another from alcoholic excess, with sexual vices; and the fifth from sunstroke, followed by over-sexual indulgences. In the last case it seemed as if the brain was primarily at fault. It appears to me that nervous prostration so-called, is a depressed condition of the whole system; the trouble manifesting itself as a general nervous condition secondarily, after organs other than the brain have been primarily affected. The therapeutics also favor this view, because the cases are benefited, not by agents addressed to the nervous system alone, but by hygienic and tonic measures."

Dr. Glasgow: "I have come to regard these cases as not nervous in origin, but as largely due to digestive troubles. They are cured by attention to the disordered functions. I have known a short residence in Atlantic City, without any medical treatment, to suffice for a cure."

Dr. Bartholow, in closing the discussion, said: "The great question is, Is neurasthenia functional, or does it arise from organic change in the nervous system? I maintain that it is largely reflex, and frequently from gastric disturbance. Neurasthenia in women is associated with an anæmic condition and ovarian and uterine disorders. They are pale and weak, and if they are subjected to any moral or mental trouble, give way, but if they are well nourished sustain any kind of shocks without suffering in health.

"In regard to the term 'American Disease,' and to the claim that the peculiar conditions of American life are causative of neurasthenia, it will suffice to say that in some of the European states a higher grade of education is maintained than in this country.

In Prussia, for instance, every one is taught to read; education is more general than in Massachusetts. The struggle to maintain existence, and hence the demands on the brain, are severer than here; and although neurasthenia is said to be uncommon, there are diseases similar to that called nervous exhaustion in this country, arising from similar causes.

"Worry has been mentioned as a cause of nervous exhaustion: now, worry hurts a man just in proportion to his condition. If he is in good health, or phlegmatic in temperament, the worry may be well borne; but if he is out of health, worry will have a powerful effect on the nervous system. I do not deny that various causes may produce brain disease, but I deny that the so-called neurasthenia is due to an organic lesion of the nervous system. I maintain that it is a part of a morbid complexus; a reflex condition, in large part, of maladies situated in the stomach, the liver, the uterus, or other organs."

MEDICAL SOCIETY OF LONDON.

Dr. Milner Fothergill read a paper on some "Nervous Derangements of the Heart." He said that the organic diseases of the heart usually force themselves upon the notice of the patient by some indirect symptom—as shortness of breath on exertion—rather than directly. With the neurosal affections, on the contrary, the attention is drawn to the heart directly and immediately. This constitutes a broad main line of demarcation betwixt disease and disorder of the heart. The first form of disorder was intermittency, a halt in the rhythmic stroke of the heart. As such, it is a mere "neurosal halt," though it is not uncommonly found in elderly men who may at the same time be the subjects of degenerative changes. In these cases, when the halt is increased by an effort, it has a suggestive value; even then the halt is usually less felt by the patient than is the true neurosal halt without any disease. Sometimes the halt is found in the radial pulse, when the heart's stroke can be heard; this tells of an arterial blood-wave too feeble to reach the radial artery. Then palpitation not linked with effort, but coming on at other times when quiet is being observed, or even waking the patient up from sleep, is neurosal in character, though having varied causal relationships. Not rarely it is due to some disturbance in the reproductive organs, especially in women. Pain in the side often coexists with attacks of palpitation, and then the sufferer is sure her heart is "affected." Such "reflex palpitation" is commonly met with. Then there is the "tumultuous" or "badly behaved" heart, whose action is never calm, often a simple nuisance to its owner.

There is, too, disturbed action of the heart from indigestion. Then the heart's beat may be slowed by the action of the "inhibitory" fibres of the vagus nerves, or hastened by some action of the "accelerator" fibres. In the latter case the heart may run off suddenly at the rate of 200 per minute for some hours, ceasing as rapidly as it began. The opposite condition is also present at intervals in some cases, though more persistent in others. Great disturbances of the heart's action, which is often markedly enfeebled, are found with latent gout, usually relieved by an attack of regular gout. Then there is the "irritable heart," where, though the condition is truly neurosal, there is distinct inability to maintain effort. This is the result of much hard work and mental strain combined, and is commonly seen in medical men. There are also the "smoker's heart and "tea-drinker's" heart, well recognized disorders; truly "toxic" derangements of the heart. Angina pectoris (vaso-motoria) may occur with a heart still structurally sound, or in one where fatty decay is established. In the first, it is of comparatively little importance; in the latter it is fraught with danger to life. The treatment of neurosal complaints is as different as their nature.

Sir Joseph Fayrer thanked the author of the paper for the lucid exposition he had given of the various neurosal diseases of the heart. He could confirm much that had been said, and especially the fact that such states were often relieved by treatment which would have done harm to sufferers from organic cardiac mischief.

Dr. Sansom testified to the great prevalence of these maladies. He thought there was some other factor than mere dyspepsia in certain cases of cardiac intermittency. Cases illustrating his remarks were quoted, showing how even single errors of diet in things not usually considered indigestible might produce the disturbance, which was as readily relieved as originated. An instance of fright leading to apparently acute dilatation of the heart was narrated as affording ground for the belief that organic disease might be consequent on a primary neurosal affection.

Dr. Wynn Williams asked whether uric acid circulating in the blood could produce intermittent action of the heart.

Dr. Isambard Owen thought that those cases where the pulse failed at times to reach the wrist were of very grave significance. He had seen instances of very frequent pulse unassociated with other signs and lasting for months.

Dr. Braxton Hicks gave some facts observed in his own person. Rapidity of pulse and even intermission seemed to be distinctly related to overwork or some mistake in diet of the nature of an idiosyncrasy.

Dr. Fothergill replied in the affirmative to Dr. Williams, and agreed with the remarks of Dr. Owen. If Dr. Sansom had seen mural disease of the heart arise from neurosal affection, he (Dr. Fothergill) had witnessed the production of valvular changes; and so there seems but little doubt that these slight affections might lead to more grave diseases. A larger number of observations in every direction was what was wanted.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

At a recent meeting, in the absence of the essayist, Dr. H. G. Newton reported in detail a case which he saw in consultation. The patient—a lady—first came under the care of a physician in an adjoining city suffering with an ulcer located just above the ilium, for which she did not give a history of an injury or any other sufficient cause. A variety of things were employed, but all to no purpose, the ulcer obstinately refusing to heal. At length, however, under the care of a well known physician of this city, it did close. About a year later she noticed a protrusion in the vicinity of the umbilicus, which proved to be a hard irregular growth, and which she was informed was a "stone cancer." She ultimately fell into the hands of a lady physician who applied a paste, which after a second application removed the mass entire, but left an opening about two inches in diameter exposing the peritoneum and intestines to view. Adhesions had formed, however, so that there was no direct communication with the abdominal cavity, though coughing caused a protrusion of the intestines. When Dr. Newton saw her, he passed his finger —under ether—into the interior of the intestines which had become perforated, when it encountered several—four or five—hard growths, probably malignant in character. There seemed no excuse for any operative interference, and therefore emollient applications only were made. An artificial anus became established before her death, which occurred five months later.

Dr. Newton continuing, said that syphilis—the "subject for observation"—certainly seemed to be on the increase. He confined his remarks chiefly to syphilitic vegetations, one of the varied form in which the disease presents itself, and a form which he frequenty met in all the social classes, the disease by no means being confined to the degraded and ignorant. All vegetations occurring about the genitalia, were not necessarily syphilitic, though doubtless the majority were of such a nature. In addition to internal measures—anti-syphilitics—he used the knife or caustics. He saturated gummata, with some caustic

solution, as soon as they appeared, and thus, he thought greatly expediated their departure.

Dr. Bailey said he had come to depend altogether on internal measures and had often proved the value of veratrum viride as an alterative and anti-syphilitic. He frequently combined gelsemium with it and thought it an addition. He had, for years, used stillingia combined with other vegetable alteratives, as recently brought to the notice of old school physicians, by the late J. Marion Sims.

Dr. Miles alluded to the hereditary transmission of the disease, and believed that in its congenital form syphilis prevailed widely. The secondary and tertiary symptoms will often be found commingled with those of many chronic affections, and to bear this ever in mind was an immense advantage to those who had to do with chronic diseases. He narrated several cases where this had proved the key to successful treatment, which other physicians had failed to attain, because they overlooked this point. Iodide of potassium, grains fifteen to twenty, as the basis of his treatment had given him good success. He spoke of the ease with which the disease may be communicated, and the danger of acquiring it which physicians incur in gynecological practice.

CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.

The next annual meeting of the Connecticut Eclectic Medical Association will be held at the Elliott House, 153 Chappel Street, New Haven, Conn., on Tuesday, May 13th, commencing at 10 A. M., and continuing two days. Business of more than usual importance will come before this meeting and a full attendance is desired.

N. D. Hodgkins, M. D., Sec'y.

SELECTIONS.

SACRACHE AND BACK-ACHE.

In the course of some interesting lectures by Dr. J. Mathews Duncan, in the *London Medical Times*, we note the following, which is possessed of practical interest:

There is no more common, and therefore no more important, symptom, of uterine disease, and especially of disease of the neck of the womb, than sacrache. The pain is dull, or an ache rather

than pain: it is situated at or near the base of the sacrum; and, referring to it, the patient puts her hand to the part. I say with emphasis "at or near," and it is desirable to make this more definite. A pain below the middle of the sacrum is not at or near and a pain above the middle of the lumbar spine is not "at or near." Such pains and aches do not point to the womb as the characteristic sacrache does; but the characteristic sacrache only points in that direction: it is not in itself nearly sufficient, not even strong, evidence of disease of the womb. Occurring in a virgin it would not, alone, unless very severe and inveterate, lead you to make an actual examination of the womb.

Other back-aches, that is pains in other regions of the back, not the sacrache, may accompany uterine disease, but do not point to the womb, are not symptoms rationally held as indicating womb disease. Unfortunately women are, at present, so under the influence of bad medical instruction, that they regard all pains in the back, from the occiput to the coccyx, as nearly sure indication of uterine mischief, and demanding uterine treatment.

The sacrache of womb disease may be constant, but generally it comes and goes. Frequently it is dispelled by lying, is felt on going to bed, and has disappeared before morning, and long standing makes it reach its highest pitch. When it is otherwise, that is when the ache is worse in the morning before getting out of bed, or is relieved by walking, then it is certainly not uterine.

I have said that you must not regard all sacraches or other back aches as uterine. They are common in men and in women. A weakly woman, who attends to all her pains, can do no standing or walking without back-ache, and often it is a sacrache; especially, if she has a long back, will she suffer in this way.

The pains liable to be confused with real sacrache are all in the lower back, about the lumbar spine: it is only such that might mislead any rational physician. Regarding them you will get some light from noticing the causes of the same pains in men. Now I find that weakly men are liable to these aches, sacral or lumbar, on walking or standing; and in many they are produced by excessive venereal indulgence.

ALCOHOLIC LEG-PAINS.

In the *Brit. Med. Jour.*, Dr. T. Clifford Allbut writes:

"In the *Journal* of January 26, I opserve a letter from 'Quærens,' who asks concerning 'tibial pains' in a hard drinker. These pains are so characteristic and so often met with, that I feel surprise that they have received but little attention. Indeed, I cannot call to mind any description of them in medical literature,

nor do I find that my medical friends know much of them. These pains are commoner in women than in men; they are often tibial in distribution, but occur also often about the ankles and feet. They are usually associated with marked cutaneous hyperæsthesia. I have diagnosed in women many a case of secret drinking by these pains alone. Indeed, if a woman were found to complain bitterly of pains in the legs below the knees, pains somewhat nocturnal in occurrence, and as severe as those of syphilitic periostitis; if she resented any free handling of the limbs; if, again, she lay with legs adducted. extended, and with the feet pointed, much as in lateral sclerosis, but without permanent rigidity; if for all this outcry there were no visible cause whatever, the tibiæ smooth, and no more sign of spinal disease than perhaps a slight ankle-clonus, then I should, almost without hesitation, infer that alcohol was the cause. As 'Quærens' finds, the pains cannot readily be eased, and can be cured only by time, with abstinence. In this case, I suspect the cause is still in operation. For my own part, I tell my patient how he is to promote his own cure, and am not sorry to use the pains as an argument for abstinence. I feel little doubt that the cause of them lies in the irritation of the spinal cord or its membranes."

Dr. A., is an authority, but the question suggests itself to us, whether these pains are not really syphilitic in character. We do not mean to say that all hard drinkers are syphilitic, but we do believe that the majority of syphilitics are hard drinkers. A sober man is usually careful about sexual intercourse, while if the question were put to all syphilitics, we feel that the greater proportion would answer that the intercourse from which they contracted the disease was indulged in when drunk and irresponsible. Having become syphilized, the spirits are naturally much depressed, and, in many cases, spirits are poured down to keep the spirits up. Again, it is well known that alcohol has a tendency to exaggerate the symptoms of syphilis, no doubt by its depressing influence on the general system. In this last fact may possibly be found an explanation of the fact that the pains were cured by abstinence.

HYPEROSMIC ACID FOR NEURALGIA.

From the *Med. Record* we learn that a one per cent. solution of this drug has been used subcutaneously. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies including the application of electricity no fewer than 200 times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter,

and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgia to medication; but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.

THE DIET CURE.

A most fruitful field for investigation, and one that has been comparatively little explored, is that which will unfold to us the intimate influence of our different articles of diet upon the human body in health and disease. When we realize that the food taken into the stomach is destined to be carried to and become most intimate integral portions of every tissue and organ in the body, we must perforce recognize that the nature of our food must have considerable influence upon the nature of the constituents of our bodies, and if, as it seems reasonable to suppose, chronic diseased conditions are characterized by alterations or changes in the composition of our bodies, then might we be allowed to reason, that if we send certain pabulum to these organs and tissues certain effects will result.

Is it too far-fetched to suppose, that the same results which we now achieve by sending drugs to the tissues and organs, may be accomplished by the sending of proper articles of diet?

Food and drugs are each composed of an aggregate of elements that certainly must have definite action on the tissues and functions of our bodies. In this connection it will be interesting to read the following communication from Dr. T. R. Allinson in the *Brit. Med. Jour.*, December 29, 1883:

"I have just concluded an experiment which I think may be of service, or may lead to some observations which may be of use in the prevention and cure of disease. I have discontinued the use of flesh meat for nearly two years; but, on October 19, I left off the use of all animal products, such as milk, butter, cheese, eggs, and honey. My weight was then 9 stones 8 ounces. In a month's time (the time my experiment lasted), my weight was 9 stones, 3 pounds, 12 ounces, or a gain of $3\frac{1}{4}$ pounds. The change was not pleasant at first, as I gave up the use of salt and pepper as well; my food tasted mawkish, and I was soon satisfied; but a week's practice soon made me relish my food, and now salt tastes distasteful. My usual exercise is from ten to fifteen miles a day, and I went on the same as ever, and I seemed none the worse for my change of diet. I even lost my mild bilious feelings, which butter and cheese give rise to. I only broke my experi-

ment once, and that was on November 14, when I had a piece of cake which had an egg in it, but no butter. I calculated I took then a sixteenth of an egg.

My food was as follows: Breakfast, at 9 a. m., consisted of porridge made from equal parts of oatmeal and wheatmeal. This was followed by a cup of hot water, flavored with fruit syrup and sweetened with sugar. At the same time, I had some bread fried in refined cotton-seed oil, or vegetable haggis fried in the same, the haggis being composed of oatmeal, wheatmeal, tapioca, mixed herbs, and Spanish onion, boiled in a cloth like a pudding. Dinner was taken at 2 or 3 p. m., and consisted of a thick vegetable soup eaten with wholemeal bread, or potato and onion pie, savory pie, vegetarian pie, vegetable stew, stewed rice and tomatoes, etc. This was followed by a bread plum pudding, stewed figs, prunes, or raisins, and bread, or stewed rice and these fruits, etc. Tea meal, at 5.30 p. m., consisted of some fruit syrup and water, or a sup of cocoa. I had with it some bread and jam, stewed fruit, or green stuff, as celery, tomatoes, watermelons, etc. Frequently I had only two meals a day, and a cup of cocoa and a biscuit at 8 p. m. The cost of my diet was a little over twelve cents a day, and I could easily live for less. The quantity was not more than my usual amount. Now I have again returned to milk, butter, eggs, and cheese, when ont visiting, but rarely are they seen on my own table.

I think the diet-cure will be found the philosopher's stone of medicine; by diet we can in a great measure prevent seven-tenths almost of our present diseases; or, if disease has set in, then simple food will allow the patient to recover most quickly. Most of our modern diseases can be traced to dietetic errors; excessive flesh-food, and want of active outdoor exercise and fresh air, must be blamed for our diseases. All stomach-complaints, as indigestion, dyspepsia, gastric catarrh, biliousness, congestion of liver, jaundice, gastro-enteritis, hemorrhoids, etc., are due to excess or wrong kinds of food; whilst biliary calculi, urinary calculi, rheumatism, gout, atheroma, Bright's disease, and apoplexy, all point to excess of nitrogenous material, which the system cannot get rid of, and so it remains and produces disease. The kidney being blocked up, more work is thrown on the heart, which then hypertrophies or becomes enlarged, the lungs share in the back-working, and thus the whole system becomes affected. Most of these diseases can be cured, or at least relieved, by a non-flesh diet. Epilepsy is often cured, and always relieved, by such a diet; and even cancer's wasting hand may be partially stopped. Most chronic cases can be relieved by our diet, and I have known some severe cases of general eczema cured by it alone.

The subject is well worthy of the study of our scientists; and, if possible, I intend showing by experiment how urinary calculi may be dissolved by diet, and so the operation of lithotrity and lithotomy be avoided in many cases. The great secret of medicine must be, first, prevention; and, second, where disease already exists, its cure. If any one would like to try this diet, I shall be glad to forward them a cookery-book containing over ninety recipes, on receipt of two stamps for postage, etc. It contains many dishes suitable for invalids, convalescents, those in delicate health, and others."

The thoughts suggested in this communication are well worthy of elaboration, and we donbt not that a careful, extended, and concerted inquiry in this direction would be productive of most beneficient results.

DELIVERY PREVENTED BY AN ENLARGED FETAL SPLEEN.

Surgeon-General Chas. R. Francis, of the British army, reports in the *Medical Press and Circular* this very singular case. A well-formed, native female, aged twenty, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without affecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to delivery. A guarded scapel was introduced, and after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete, though slow, recovery.—*Md. Med. Journal.*

SLOP DIET.

There can be no question in the mind of any thoughful man that diet must have a great influence upon the course of disease processes, hence it is that we note the following reply, in the

Lancet, January 12, 1884, to one who writes to inquire more fully about slop diet:

The objects aimed at in giving slop diet may be—(1) depletion of the system by cutting off the supply of nitrogenous and combustible material; (2) the securing of rest to the digestive organs; (3) the avoidance of the ills which follow upon the taking of food upon which the digestive and assimilative organs are unable, through debility or actual disease, to exert their full function. Experience has shown that cutting off of all food from healthy men causes death in about five days, and is attended with great suffering. If water alone be allowed, the suffering is very greatly lessened, and life can be prolonged for about the same number of weeks. The introduction of water entails no "work" upon the digestive or assimilative organs, and therefore it admirably fulfils the conditions of "slop diet," whether required for any one of the three objects mentioned above. It is therefore the best "slop diet," and we believe that as such it is not sufficiently appreciated by the profession. Saline solutions stand next in order of merit, requiring no "digestion," and undergoing little, if any, change when passing through the assimilative organs. Saccharine solutions must rank next; they are readily absorbed, but possessing distinct nutritive value, they are not so depletive as water, and, moreover, being liable to undergo fermentation in the alimentary canal, they do not afford such complete rest to that organ. They also have the disadvantage of being less palatable than the former. Decoctions of starch require distinct "digestion" and "assimilation," possess high nutritive value, if unabsorbed are liable to fermentation, and may leave a considerable residue of undigested matter to pass along the intestines. Solutions of albumen must be placed at the bottom of the list, as requiring digestion and assimilation, and as possessing the highest nutritive value, being "tissue-forming" as well as "force-producing."

EARLY OPERATIONS.

FAR be it from us to advocate the unnecessary use of the knife, which is always a serious matter even in the most trivial operations, and one to be carefully considered in all its possible consequences, and the arguments pro and con to be carefully weighed; but the thought has been suggested by some recent remarks, whether our surgical results would not be much more satisfactory, if, when ultimate operation is inevitable, it be performed early, before the diseased process has assumed much magnitude, and before any implication of the system has occurred.

We have already noted Jonathan Hutchinson's advice about operating in what he felicitously styles the pre-cancerous stage of cancer, and we have laid stress upon Professor Gross' remarks "On Early Operation in Morbid Growths;" while now Dr. Goodell tells us that our women are very averse to being operated upon (for ovarian disease), hence their proneness to delay matters until they have become very weak.

To what do these remarks of eminent and experienced men point? To early operation; to the removal of the nidus of death, before the system has become seriously impaired, and while the strength is of such a standard as to offer a reasonable hope that the results of the operation will not prove serious.

When a woman, whose age and family history make us think of cancer, presents herself with a nodule in the breast, would it not be proper to at once cut it out? In the majority of cases the operation would be but a trivial affair, even if the lump was *not* cancer, while the chances for radical restoration to health would be much greater than if we had waited for the nature of the disease to be made manifest to our senses as cancer, when the whole body would be probably more or less cancerous, and the system robbed of much of its vital power. The same rule would hold good in all diseased processes, wherein there is a probability that operative interference will be demanded at some more or less remote period, when the prospects for a successful issue will be diminished by this policy of delay.

GUAIAC IN THE TREATMENT OF ACUTE SORE THROAT.

In a recent paper read before the Philadelphia Laryngeal Society, Dr. Joseph B. Pottsdamer speaks highly of the action of the tincture of guaiac in tonsillitis and pharyngitis. He reviews the opinions of the various authorities on this use of the drug, and finds that by many of the leading writers on therapeutics it is not even mentioned, while others refer to it in terms of no very high praise. Phillips endorses its use very emphatically, declaring that given in half drachm doses (the tincture), every four hours, it appears to abate the inflammation and to cut short the disease in a remarkable manner. Morell Mackenzie and J. Solis Cohen warmly endorse its action. Dr. P. was first led to employ this treatment in 1879, after he had had a succession of trials of it in his own case. In the winter of that year he was subject to attacks of sore throat, which he found were promptly aborted by the use of the tincture of guaiac, thus strongly corroborating Mackenzie's dictum, that "we have in guaiac a

remedy which, if administered at the onset of the attack will almost always cut short the crescent inflammation."

The practical deductions which Dr. P. draws from the cases which have been under his treatment, are:

1. The almost instantaneous relief from pain.
2. The improvement in deglutition which always accompanies this relief.
3. The early diminution of the swelling.
4. The short course of the disease, all of the cases having been practically well on the fourth day of treatment, if not sooner.
5. If the case comes under the treatment early enough the disease may be aborted.

Even if we agree with Trousseau and others in admitting that the disease must run its natural course, we have no right, says Dr. P., to act supinely, as by the use of guaiacum we certainly ameliorate, and as he believes, cut short the disease.

THE DIRECT TREATMENT OF SPINAL CARIES.

The *Medical Times and Gazette*, January 12, 1884, says:

Good service was rendered to the subject of spinal caries, by the gauntlet which Mr. Treves threw down a few evenings ago at the Medico-Chirurgical Society. "Rien n'est sacre pour un sapeur" is a saying which will shortly be applicable to our modern surgeon, in that there will soon be few regions of the body which will be safe from his prying eyes, and his all-invading knife and fingers.

Spinal caries has long been one of the most troublesome and least satisfactory of those diseases which the surgeon has to treat, not only on account of its great inaccessibility, but also on account of the great extent over which it may and usually does spread. Moreover, the anatomical characters of the bones affected, viz., their sponginess and great vascularity, lend additional importance to any inflammatory process which may be set up. Expectation, therefore, ran high when the above paper was first announced, in which the direct treatment of spinal caries was to be advocated and backed up by the record of three cases in which the operation had been performed.

The outcome of the discussion, though of very great interest and importance, has not quite borne out what the title of the paper first promised, viz., direct treatment of carious bone. But, as a means of examining the lumbar vertebræ, of reaching any possible necrosed and loose fragments of bone, and more especially as a means of opening, draining, and treating abscess of this region on the most approved principles, the operation promises to be of great service.

Mr. Savory, in his usual masterly style, pointed out all the dangers which would attend the *satisfactory* treatment of spinal caries, by referring to the difficulties and contrasting treatment of tarsal caries, even since the use of Esmarch's bandage had so much facilitated this proceeding. Caries, said Mr. Savory, is not a primary condition, but is preceded by inflammatory changes; and, unless the whole of the diseased tissue could be removed, the operation might prove worse than useless. Moreover, there are other dangers which were not alluded to. In young persons, the subjects of this disease—mostly of a scrofulous or tubercular type—there is always the danger of setting up an acute tubercular process, which is rapidly fatal, either in the form of meningitis or of general tuberculosis. And lastly, the removal of carious bone will not always save life, even should the local mischief be cured, as one of the recorded cases proved.

Nevertheless, the proposed operation was carefully worked out on strictly anatomical lines, and its feasibility was demonstrated. For the removal of pus, it can hardly fail to be of the greatest service. The only difficulty will be to recognize pus early, and this is certainly not an easy matter. One of the speakers referred to the relative frequency of pus collections in disease of the lumbar and lumbar sacral regions, as compared with other regions of the spine, and this will, in a measure, justify an exploratory incision when the disease is situated low down and the presence of pus suspected. We shall probably not have to wait very long for further records of this operation and can only hope that "the mania" for new operations, to which some speakers referred, will not outweigh that discretion which, in a surgeon especially, is even better than valour.

STERILITY AND CONCEPTION.

Rusconi, in an article of great interest (*Gazz. degli Ospitali*, October 24, 1883), discusses one or two aspects of these subjects. Having drawn a distinction between infecundity, an irremediable condition, and sterility, a condition that may perhaps be removed, he goes on to divide this last (sterility) into two forms, mechanical and mechanico-pathological. In the mechanical form, the entrance of the semen into the body of the uterus is prevented. Mechanico-pathological sterility occurrs in cases of uterine catarrh and other ailments, where, even if the semen succeed in reaching the cavity of the womb, it is only after it has been damaged chemically, and consequently is no longer active. The time and the manner of conception are then examined. The fact that fecundation may occur midway between to menstrual periods

has given rise to four different theories: 1, that ovulation is not periodical in woman; 2, that the ovum may reach maturity during the excitement of sexual congress; 3, that the ovum may remain fertilizable in the uterus or oviduct; 4, that the semen retains its activity in the uterus until the ovum appears.

In regard to the accelerated maturation of the ovum from sexual excitement, is mentioned the fact that girls who have never menstruated do so shortly after their first embrace. Then the author combats the old opinion that spermatozoa can make their way into the uterine cavity if they have been already abandoned only in the vagina. Pallen, Fraer, Rouget, and Kolbert, have all shown the falsity of such a doctrine. Experiments on the dead body are then related, which seem to put it beyond doubt that semen can enter the uterus only at the time of coition. The rectum, bladder, and superficial pelvic fascia having been removed, the veins of the genital organs were injected. The uterus rose in the pelvis, the normal curvature diminished, the anterior wall became convex, the diameter of the cervix increased, and its external orifice dilated. At the time of the greatest engorgement of the vessels, the os uteri corresponds exactly to the centre of insertion of the vagina. Additional facts are drawn from clinical observation. In some cases of completely prolapsed womb, where irritation of the clitoris gives rise to insupportable orgasm, the mouth of the organ may be observed to open. Again, Pallen observed a case where the introduction of a speculum brought on the orgasm, during which the orifices could plainly be seen to dilate. Too great an intensity of the orgasm, however, is calculated to prevent conception, owing to excess of glandular secretions. As soon as the erection of the uterus is over, the mouth closes and the semen remains perfectly shut in. Hence injections used after coitus to prevent conception are without effect; unless, indeed, uterine contraction provoked by the cold water expel the contents. Injections of this kind, however, readily give rise to uterine catarrh and so cause sterility. In the author's opinion, the cure of sterility is not easily accomplished. Occasionally the results are fortunate; most frequently, however, there are insuperable obstacles. A caution is given, finally, as to the possibility of the failure being on the man's side. He has known a lady to be three years under treatment for sterility, the incapacity being really due to her husband, owing to the absence of spermatozoa in the seminal fluid.

THE TREATMENT OF CHRONIC ULCERS.

Chronic ulcers have been too frequently mentioned as the opprobrium medicorum. They may be found in almost every

community, and the list of remedies which have been applied to their relief is a long one. Dr. Stewart contributes to the *Medical Chronicle* a report of several cases, detailing a plan of treatment which he has found to be successful. He lays great stress upon the necessity of improving the general condition of the patient, and iron and quinine will usually be found necessary in these cases. He applies, night and morning, a solution of carbolic acid (one to thirty or forty) to be used with a hand-ball atomizer. The spray is to be blown strongly under the edges of the ulcer and all over its surface until it has been thoroughly cleansed. No sponge or cloth must be used upon the surface of the ulcer. A cloth oiled with an ointment of vaseline and carbolic acid is to be applied to the ulcer, and then lightly bandaged. Where the edges of the ulcer are hard it may be necessary to cauterize them and to apply poultices until they are softened. The points which he particularly insists upon in the treatment of chronic ulcers are, 1st., rest to the affected part; 2nd., the use of the atomizer with an antiseptic solution to stimulate and cleanse, thus avoiding breaking down of the weak granulations in dressing; 3rd., when practicable the use of well regulated pressure with elastic bandages; 4th., the occasional use of strong stimulants to the surface of the ulcer; 5th., such internal treatment as may be indicated; 6th., to quote from the Westminster Shorter Catechism "perseverance therein to the end."

TREATMENT OF WENS BY ETHER INJECTIONS.

A COMMUNICATION to the *Bulletin Generale de Therapeutique*, by Dr. Lemoyez, Interne at the Hospital St. Louis, Paris, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man debilitated and affected with chronic alcohol-poisoning, therefore a bad subject for a surgical operation, who was relieved of a wen of five years' growth by ten hypodermic injections of ether, practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation. The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation, or in any way interfering with his business. The injections are made into the

interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins.—*Medical Times.*

"MIRYACHIT" AND "THE JUMPERS."

Dr. William A. Hammond, in a paper read before the New York Neurological Society, described a peculiar disease that is not uncommon in Siberia, and is known as "Miryachit." It is characterized by excessive imitation, that is to say whatever the patient sees anybody else do, he at once does the same. To illustrate:

"We afterward witnessed an incident which illustrated the extent of his disability. The captain of the steamer, running up to him, suddenly clapping his hands at the same time, accidentally slipped and fell hard on the deck; without having been touched by the captain, the steward instantly clapped his hands and shouted, and then, in powerless imitation, he too fell as hard and almost precisely in the same manner and position as the captain."

This disease brings to mind the remarks made by the late Dr. George M. Beard, before the meeting of the American Neurological Association, in 1880, relative to the "Jumpers" or "Jumping Frenchmen" of Maine and northern New Hampshire.

In June, 1880, Dr. Beard visited Moosehead Lake, found the "Jumpers," and experimented with them. He ascertained that whatever order was given them was at once obeyed. Thus, one of the jumpers who was sitting in a chair, with a knife in his hand, was told to throw it, and he threw it quickly, so that it stuck in a beam opposite; at the same time he repeated the order to throw it, with a cry of alarm not unlike that of hysteria or epilepsy. He also threw away his pipe, which he was filling with tobacco, when he was slapped upon the shoulder. Two jumpers standing near each other were told to strike, and they struck each other very forcibly. One jumper, when standing by the window, was suddenly commanded by a person on the other side of the window to jump, and he jumped up half a foot from the floor, repeating the order. When the commands are uttered in a quick, loud voice, the jumper repeats the order. When told to strike he strikes, when told to throw he throws whatever he may happen to have in his hand. Dr. Beard tried this power of repetition with the first part of the first line of Virgil's "Æneid" and the first part of the first line of Homer's "Iliad," and out-of-the-way words of the English language with which the

jumper could not be familiar, and he repeated or echoed the sound of the word as it came to him in a quick, sharp voice, at the same time he jumped, or struck, or threw, or raised his shoulders, or made some other violent muscular motion. They could not help repeating the word or sound that came from the person that ordered them, any more than they could help striking, dropping, throwing, jumping, or starting; all of these phenomena were indeed but parts of the general condition known as jumping.

I am not able (says Dr. Hammond) to give any certain explanation of the phenomena of "Miryachit" or of the "Jumpers," or of certain of those cases of sleep-drunkenness which seem to be of like character. But they all appear to be due to the fact that a motor impulse is excited by perceptions without the necessary concurrence of the volition of the individual to cause the discharge. They are, therefore, analogous to reflex actions, and especially to certain epileptic paroxysms due to reflex irritations. It would seem as though the nerve-cells were very much in the condition of a package of dynamite or nitro-glycerine, in which a very slight impression is sufficient to effect a discharge of nerve force. They differ, however, from the epileptic paroxysm in the fact that the discharge is consonant with the perception—which is in these cases an irritation—and is hence an apparently logical act, whereas in epilepsy the discharge is more violent, is illogical, and does not cease with the cessation of the irritation.

Certainly the whole subject is of sufficient importance to demand the careful study of competent observers.

RATIONAL HYDRO-THERAPEUTICS.

Dr. George Lucas Pardington contributes an article with this title to the *Practitioner*, January 1884, which contains the following practical suggestions. A course of drinking cold water plentifully between meals has a very good effect on patients who lead a sedentary life, and whose secretions are scanty and defective; the secretions become re-established and effete matters are carried away from the circulation; the tissue metamorphosis also is rendered more complete.

The free use of cold water is of especial use in gouty subjects; the blood is diluted, the quantity of urine increased, and the excess of uric acid is rendered more easy of removal.

The action of cold water on the stomach is that of a stimulant—provided always it be taken in moderate quantities—the cold acting on the peripheral terminations of the afferent fibres of the vagus as a stimulus, causing an increase in the flow of gastric

juice, and fitting the stomach for the reception of food; the movements of the stomachs are also increased, and so the digestive powers enhanced. If the quantity of water taken be too large, the stomach is distended, its movements impeded, the gastric juice diluted, and digestion much impeded.

A tumbler of cold water taken on an empty stomach on rising, rapidly stimulates the peristalsis of the intestinal tract, thereby assisting in the onward passage of fæces; this well-known remedy is an excellent one in cases of habitual constipation.

REMARKABLE HISTORY ILLUSTRATING THE CONTAGIOUSNESS OF DIPHTHERIA.

Some facts which have recently come to my knowledge illustrating the contagiousness of diphtheria, will, I think, interest your readers.

In October last, a child recently brought to the town of Royalton, Vermont, was attacked with this diease. There was no other case in town at the time. A homœopathic physician from the village of South Royalton attended it. The child died. Its mother took the disease and recovered. The doctor's family consisted of himself, his wife, and three children. He took it, and his youngest child, five months old, was also taken sick. His wife came down with typhoid fever at about the same time, and it was necessary to put the baby into other hands. It had no appreciable throat symptoms, but a bad sore on its toe. He did not regard this as diphtheritic, and when a neighbor offered to take it home he allowed her to do so. The family of this neighbor, Mrs. H——, consisted of herself, her husband, two boys of seven and nine years, and a nursing baby. In a few days after the doctor's baby was taken in, her baby had diphtheria and died. Her husband, herself, and one boy also had it, the other boy escaped. The doctor's baby was then handed over to Mrs. S——, who with her husband lived on a hill-top, two miles out of the village where the cases last mentioned occurred. She engaged a young woman, Miss L. S——, to take care of the child. In a few days Miss L. S—— had diphtheria and went home. She lived also out of the village, in another direction. The family consisted of her father and mother, herself and three brothers, adults. Her mother and one of her brothers were taken. She also gave it to another person of whom I will speak later. To return to the little bearer of contagion, the doctor's baby. Mrs. S—— having lost her nurse, handed it over to Mrs. D——, in the village. In Mrs. D——'s family were her husband, herself and three children, the eldest a boy of eighteen,

then a girl of sixteen, and a boy of eight. These three children sickened, within a day or two of each other, soon after the arrival of the bady, and all three died within four or five days. The baby was then taken to another town, where it recovered. These events occurred in October and November. Miss L. S——, previously referred to, had a serious illness, followed by paralysis of the palate and ocular muscles, but by December 1st was able to go out of town on a visit. She remained away two weeks. Immediately after her return, an intimate lady friend of hers, not residing in town, visited her, spending two or three nights with her. Five days after, this visitor, Miss H——, had sore throat and diphtheritic symptoms. They were mild, and a week later, as she felt well, with the exception of some remaining soreness of the throat, she went to the adjoining town of Tunbridge, to the home of Mr. C. L——. In this family were four, the father and mother, a girl of sixteen, and a boy of eleven. In four or five days after Miss H——'s arrival, the girl was attacked with a malignant form of diphtheria and lived only a few days. The boy came down next, and then the father and mother. These all recovered.

Royalton is a healthy farming town. There was not another case of any description besides those mentioned, which followed a line of direct communication from the original case through the doctor to his family, through his baby to every family it entered, and finally through a visitor of one of the convalescents to the family in Tunbridge.—W. T. Smith, M. D., in *Medical Record.*

THE RELATION OF THE MEDULLA TO THE SEXUAL FUNCTION.

In the *Practitioner*, February, 1884, Dr. Alexander Harkin advances arguments in favor of Van der Kolk's notion that this part of the nervous system is particularly related to the genital function; and believes there to be a "sexual centre," as well as "respiratory," "convulsive," and other centres in this region. He points out the association between sexual excess and neurotic affections, notably epilepsy; and thinks there is good reason for the belief that so-called "neurasthenia spinalis" and "abnormal seminal losses" depend on a congested state of the medulla. He selects three cases in which the symptoms of these conditions were very marked, in each of which striking relief and even cure was affected by wet cupping over the nape of the neck. Cold douches in the same region, and the administration of bromide of potassium and belladonna, are often, he says, as

effectual. Dr. Harkin's views are certainly worthy of consideration; and his line of practice, combined with precepts intended to strengthen the will and improve the physical condition, is one which should not be disregarded in dealing with those unfortunate subjects of a hypochondriasis induced by perverted and unnatural sexual excitation.

SPASMODIC WINKING.

How often do we see boys and girls, otherwise attractive, rendered unpleasant to themselves and to others by a constant winking or twitching of the eyelids, which is usually attributed to "nervousness," and the hope expressed that "they will outgrow it." In *Memorabilien*, Dr. Friedreich Betz relates the history of a boy, fourteen years of age, who had suffered for several years from a bilateral nictitating spasm of the eyelids. Several physicians had attempted to relieve him, but in vain. The boy was healthy, and his eyesight good. He had, however, very long eyelashes, and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The treatment was immediately successful.

SEA VOYAGING.

We are so accustomed to recommend a sea voyage to a patient whom we are not able otherwise to benefit, that it has become a therapeutic routine, and we rarely hesitate to consider the appropriateness of our recommendation. In the *Lancet*, Febuary 23, Dr. Farquhar publishes a paper on Sea Change, the Effects of Voyaging, with cases. He remarks on the paucity of information on this subject, Dr. Faber being the only observer who had gone to work systematically. Dr. Farquhar's observations on a voyage last winter up the Mediterranean led him to the belief that many unsuitable cases are sent a-voyaging by medical men; and in the event of such rigorous winter as that of last year, even in Italy and Greece, the disappointment to invalids in search of health must be great. He then gives details of the various cases that came under his care and observation. The most pronounced benefit was obtained by most of the phthisical cases, but some left the steamer before the tonic and stimulating action of the sea air had made itself felt, unnerved by the hardships endured in a storm experienced on leaving the Mersey. Voyagers suffering from the effects of overwork and mental strain did well; but "specific" cases showed the most marvellous results, complete recovery being the rule. Dyspeptics did not do well, nor subjects of skin

disease of a nervous origin. To sum up, his experience in this voyage led him to believe that no diseased condition, where the nervous, irritable element was present had much chance of benefit; the sea-air stimulus was in the end too powerful through its constancy. Such cases should land after the first beneficial stimulation, which generally occurred within the first three or four weeks of the voyage.

INTESTINES IN THE CHEST.

Dr. C. G. Davis, of Milford, Mich., reports (*Medical Age*) the history of a man, aged thirty-seven, who, after suffering from ague and other troubles, finally died of septicæmia. A post-mortem made in the presence of Drs. Dallas Warren and Robert Johnson revealed a very dilated stomach, enlarged liver and spleen. Dr. Davis says: "The intestines were the next organs to look for, and by following the pyloric end of the stomach I found it turned upward against the diaphragm, through which I made an opening with the scalpel, and introducing my hand, found the intestines all in the left chest, under the lung and about the heart, resting upon the diaphragm, an opening of about one and a half inch in diameter through the diaphragm, near its left attachment, allowing a passage for the descending colon down to the rectum. The mesenteric glands were found enlarged and filled with deposits of pus, doubtless of pyæmic origin. The left lung was about one-third as large as the right, and divided into five irregular-shaped lobes. Both lungs appeared healthy as to their parenchyma. There were no adhesions of either intestines or the lung to the pleura in the left cavity; some were found on the right side, but they were not extensive. Peritoneum healthy and continuous through the opening in the diaphragm where the colon passed out of the chest. The deformity of the lungs, the misplacement of the bowels and kidneys, must have existed from birth, and were not the result of hernia, as some may be inclined to believe."

HYDROTHERAPEUTIC TREATMENT OF DISEASES IN CHILDREN.

Professor Heubner has communicated to the *Aertzl. Vereinsbl. fur Deutschland* a paper on the hydrotherapeutic treatment of acute diseases in children. The trunk in children comprises so great a proportion of the whole body, that the cooling of it produces a very marked effect on the whole organism. A cloth wrung out of water of the temperature of

60.8° F., should be placed over the chest, abdomen, and thighs of the child, and be well pressed down to the sides, the whole being covered with flannel. This shonld be renewed every half-hour with a temperature of 104° F., every hour when it is a little lower, and the treatment should be kept up for the greater part of a day. The temperature will be still more reduced by cold packing all over the body, but the younger the child, the less can cold be borne. Another use of hydrotherapy is to induce heat and perspiration, and this is useful in catarrhal affections. The wet bandages must be surrounded by a looser flannel covering, and may remain for an hour and a half withont being moved. The addition of a little mustard to the water will assist the action desired.

FLOATING LIVER.

A PATIENT with a floating liver was exhibited in the Medical Society of Vienna, by Dr. F. Schwarz, in whom the cardinal symptoms were very marked. Medical literature records only fifteen cases of floating livers; thirteen among females, always complicated with pendulous abdomen; only two were met with in men. All these were preceded by intermittent fevers, with consequent hypertrophy and increased weight of the liver, dragging and stretching of the ligaments. For fixing the replaced liver, a truss with a leather pad was made, which the patient found comfortable and efficient.—*Ibid.*

FIRST AID TO THE INJURED.

ONE of our funny exchanges gives the following:

1. Bites of all sorts are painful, and if not treated with expedition and skill, they sometimes prove very dangerous. The most common kinds are those received from dogs, mosquitoes and bears. The rarest kinds are trilobites and jacobites.

2. One seldom, if ever, gets a bite when out fishing.

3. If about to be bitten by a dog, while serenading or foraging in a melon patch, immediately take some violent exercise, in order to preserve a good circulation. For instance, run a mile or so without stopping.

4. Never stop running because there is a man with a club apparently chasing the dog—sometimes he is encouraging him.

5. If this does not accelerate the action of the heart, climb the nearest tree.

6. Don't get down again for the purpose of rescuing the sample of your trousers. This is one of the dog's perquisites, and he wants it for his scrap-book.

SEVERE HICCOUGH.

Dr. Ruhdorfer, in the *Allgemeine Wiener Medizin Zeitung*, reports a severe case of the above, lasting for three months, and which morphia, given hypodermically, could only check for a few hours or days. It resisted all the usual remedies, such as quinine alone, and with extract of belladonna, tincture of castoreum, or tincture of valerian, in water or with aromatics, mustard poultices over the stomach, dry cupping down the spinal column, chloroform, ether, zinc, bismuth, numerous emetics, and purgatives. The patient dragged on for three months under various remedies, morphia being administered whenever a single attack lasted beyond eight hours. At last the attack became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnea and cyanosis; the head was jerked in all directions; the pulse was small and frequent; the neck was distended. Dr. Ruhdorfer injected a solution of pilocarpin hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.

LISTERINE.

We find in LISTERINE one of the most sightly, pleasant, convenient and valuable remedies we have. In *ulcerative stomatitis* it is superior to anything we have used. ℞. listerine, half ounce; syr. simple, three and a half ounces. M. S. One teaspoonful every two hours. This, with a weak solution of cupri sulphas, as a local application, will show favorable results immediately. This is for children from two to five years old. Adults may have the same treatment, but the doses should be larger. In a short time after commencing the use of listerine, all the fetid odor coming from the diseased mouth disappears, and the ulcers show a healthy surface—put on the appearance of convalescence.

Many patients come to us complaining of "bad breath". Young ladies, especially, detest bad breath. Sometimes bad teeth occasion bad breath. But no matter about the source, listerine will correct the difficulty. If from bad teeth, instruct the patient to have them cleaned, and then wash the mouth with listerine twice a day, or, better, immediately after each meal. This will insure a sweet mouth. If bad breath comes from sour gases in the stomach, or effete material through the lungs, then listerine, taken in half or teaspoonful doses four times a day will soon correct the trouble. These are mere hints regarding the value and convenience of listerine. We shall refer to it time and again, as cases come to our notice requiring its use.—*American Medical Journal, St. Louis.*

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

"ECLECTIC ONLY IN NAME."

SOME of our readers will perhaps remember that we recently alluded, in the gentlest possible way, to the fact that of the medical periodicals *supposed* to be eclectic, only a few, comparatively, declared themselves so by "hanging the banner on the outer wall." This seemed to us a matter of regret, and we simply pointed it out as a mistake on their part, and a reproach to the cause, as we believed, and in so doing were actuated by the kindliest motives only. Our unique and luminous contemporary, the *Eastern Medical Journal*, however, forgetting that "faithful are the wounds of a friend," takes umbrage at this, and after stating that we have alluded to the subject,—without quoting our reason for so doing,—proceeds to annihilate us by declaring us to be "eclectic only in name." "This es ard" as the festive Eccles facetiously remarked. Indeed it is always hard to have one's good intentions misunderstood and misjudged, and one's kindly acts met with scorn and contumely. However, we trust that though crushed we will be able to bear up under it.

We have no desire to engage in internecine war, neither will we permit ourselves to be drawn into it, still there are certain inaccuracies and inconsistencies connected with the matter—to call them by no harder name—which we think it is but right we should point out.

Among the eclectic journals we did include our neighbor with the terra cotta coat, but it was rather due to courtesy than because we believed it to possess any particular claim to the distinction.

The crushing statement is made that the JOURNAL is given over to selections from allopathic authors and reports of allopathic societies. Anyone who will take the trouble to look over the files of the JOURNAL will find a majority of the original papers to be from the best known eclectic writers, Howe, Younkin, Wilder, Jay, Clark, Winterburn, Wark, Baker, Miles, Green,

and others, and will fail to find an article by a man who is not an eclectic by both birth and education—an eclectic graduate. Can our youthful assailant say the same?

Refusing to accept a remedy or mode of treatment simply because it is not of eclectic origin is fanaticism not eclecticism, therefore we *have* culled from all sources such material as we judged would prove of practical interest and benefit to our readers and have received many earnest assurances that our efforts in that direction have been appreciated. Furthermore, while we have given reports of discussions in other societies upon subjects of practical importance, there has scarcely been an issue in which we did not give a report of one or more of our *local* eclectic societies beside those of various state organizations, and in a personal letter from the editor of the *Eastern*, received prior to the February issue of the JOURNAL, which so excited his ire, he alludes to our magazine as a "most excellent journal," and says "it grows better and better each month." In the February issue of the *Eastern*, following the *one* original communication, are five pages of "selections" of which two are devoted to an abstract from the *Lancet*, while the three remaining pages contain not one line selected from an eclectic source, but they do contain an article warmly advocating the use of mercury in certain positions, and another extolling the virtue of blisters in diphtheria, all of which "is seemingly regular by a large majority," while the balance of the pamphlet is chiefly devoted to puffs of proprietary articles.

CONSTIPATION IN WOMEN.

MAN has been called "a bilious animal;" with even greater propriety woman may be called a constipated animal, for she seems to be especially subject to intestinal torpidity. Her sedentary life and the manifold disturbances of the uterus, or of the urerine adnexa, which are of common occurrence, seem conducive to irregularity. Some of it is, however, to be charged to carelessness, for the observance of fixed hours is a prerequisite to the formation of a habit which impresses itself upon normal peristalsis, while modesty sometimes leads to a neglect of nature's demands and thus induces constipation. We can recall many instances of obstinate constipation of long standing, the interval between evacuations extending over many days, which

have yielded to simple rules as to regularity. A woman should be taught to go to the water-closet at a given hour every morning and patiently wait, without undue straining or nervous agitation, the consumation of her desires. Going at nine o'clock one morning, ten the next, and eight the third, will not answer, regularity is a prerequisite of success, and therefore we generally advise that the few minutes following the breakfast hour be devoted to this purpose. It is surprising what satisfactory results this routine faithfully carried out will yield, the bowels becoming gradually habituated to a daily movement at the stated hour.

The effect of this simple measure may often be greatly enhanced by taking a copious draught of cold water, or a drop of tincture of nux vomica in a glass of water, in the morning on rising, while many simple cases of constipation may be overcome by eating a few raisins and almonds—about six of each—each day at dessert. But there are cases which effectually resist these simple means, and especially is this true of women with retroverted, prolapsed, or enlarged uteri, for in such cases there is always a residuum left just above the internal sphincter, which the patient is unable to expel, either because the expulsive efforts press the fundus uteri against the rectum, thereby occluding its normal lumen, often causing considerable pain and increasing the prolapse, or because the lower bowel has lost its tonicity. That pessaries sometimes, by their mere presence, bring about such a result, is one of the objections urged against their use.

To insure a satisfactory evacuation which shall cause no uterine inflammation, which shall fully unload the rectum, and shall counteract the astringent properties of ferruginous, or other, preparations, which may be in use, has been a favorite field for the experimenter with new remedies, and a favorite theme with writers, for an imperfectly emptied rectum often gives rise to very unpleasant results.

For a long time we have been accustomed—and with much satisfaction—to make occasional use in our practice—directing the patient how to prepare it herself—of a *very* domestic remedy, which, though it may seem to savor of old-fashioned medicine and to be hardly in harmony with the fashion of the day—for there is a fashion in medicine as in dress, we venture to recall to the mind of the profession, even though we may be accused of being "regular": One-half pound of figs, one ounce of pulverized senna, and one ounce of pulverized sulphur. Chop the figs as fine as possible, then add the senna and sulphur and two tablespoonfuls of granulated sugar. Knead as a cook kneads dough, and moisten with a little essence of vanilla. Roll out and cut into thin pieces the size of a silver quarter dollar. Take

one-half of one of these tablets, or a whole one if necessary, as occasion may seem to require. At first blush this may seem like an undesirable mode of medication to one who has not tried it, and less elegant than the many preparations proposed for the relief of this condition, but used as proposed these agents are very far from forming an unpalatable dose, and will produce very satisfactory results, for they will bring about a natural movement without strain or pain of any kind, creating no uterine irritation, nor forcing the uterus low down into the pelvic cavity, as many such preparations will do.

CARE OF CHILDREN BORN PREMATURELY.

At a recent meeting of the Obstetrical Society of Cincinnati, the most approved treatment of infants born at the seventh month of gestation was discussed. Dr. Zinke reported a case which he had lately managed something after the following plan: The infant was not washed in water, but in olive oil. It was then placed in a sheet of cotton batting large enough to envelop it completely, which was tied loosely at the neck, around the body, the thighs, and the feet. A shawl was then wrapped about it and it was kept on a pillow. The cotton was changed twice daily, the bath of olive oil being repeated each time. The child reeeived its nourishment from a wet nurse, the milk being drawn and fed to it with a spoon for the first four or five days, after which time it became strong enough to take the breast. The child was now three weeks old and thriving well.

Dr. Trusk had had but one infant under his care so frail and immature as the one reported above. The one in question weighed a trifle less than three pounds; was extremely delicate and utterly unable to nurse at the breast. The mother's milk was therefore drawn with a breast-pump and fed to the infant from a spoon. In addition to this the babe was placed in a bath of warm milk several times a day, in which it remained fifteen or twenty minutes each time. No attempt was made for a full month to dress the child; but instead it was wrapped in fine cotton batting. It lived and is now a well-grown and healthy young lady.

ECLECTIC COLLEGE OF MAINE.

The commencement exercises were held at College Hall, Lewiston, on the evening of March 11th. The large hall was well filled with interested citizens, together with the trustees, faculty, and graduating class. A select band was in attendance

and choice selections were interspersed among the exercises of the evening, which were promptly begun at seven o'clock with prayer by Rev. Mr. Haskell. Following this the address of the Dean of the Faculty was delivered. It held the closest attention of the audience for about twenty minutes, and was met with frequent demonstrations of approval. Prof. S. E. Root, A. M., M. D., then presented prizes which had been awarded to members of the dissecting class. The under-graduate address was delivered by Mr. Elmer D. Morrell, and was both interesting and commendable.

President John Swan, M. D., then delivered the degrees to the graduating class, accompanying them with a few timely and well chosen words. The valedictory by J. M. Booth, M. D., was both able and appropriate. Speaking in behalf of his fellow-graduates, he thanked the faculty for the fidelity and earnestness with which they had discharged their duties, and he pledged the efforts of himself and his associates to sustain the honor, and further the interests of the college. Brief remarks were made by Professors Swan and Burrell, and Rev. Mr. Haskell, after which the latter gentleman pronounced the benediction.

PERSONALS, BRIEFS, ITEMS, ETC.

Just at the usual time of going to press, the editor was called to an adjoining state to attend a brother who was thought to be dying, consequently several matters which should have received attention in this issue are deferred to another month.——— *We believe that we are* conferring a favor upon subscribers in directing their attention to tongaline or liquor tongae salicylatus. It is a combination of the Figian tonga with some of the more powerful salicylates and as a remedy for neuralgia and rheumatism has become a general necessity with those who have given it a fair trial, among whom are many eminent in the profession. Our own experience leads us to heartily recommend it, and our readers will note that it is not a secret medicine and its sale is urged only through prescriptions of members of the profession.——— *We have received several* communications touching a matter concerning which the Journal prefers to suspend judgement until the evidence is all in.——— *The Sixteenth Annual Commencement Exercises* of Bennett Medical College were held in Hooley's Theatre, Chicago, March 25th, at 2 p. m. The Dean's address was delivered by Prof. Milton Jay; the degrees were conferred by Pres. A. L. Clark; the doctorate address was given by Prof. H. S. Tucker; and the valedictery by H. S. Holden M. D. All the arrangements—as to music etc.—were perfect

and the occasion was one of marked interest.——*The poet hath remarked* "all paths lead to the grave." Exactly: he undoubtedly alluded to the allopaths, homœopaths and hydropaths, and in that opinion we fully concur.——*White Williams & Co.*, of this city, make a reverse corset for preventing and overcoming uterine disease, which we can heartily endorse in cases of functional derangement, the corset is particularly useful on account of the full support it gives, and the same may be said of its employment during pregnancy. Each one is made to order, from glove kid and calf, thus ensuring a perfect fit.——*An Irishman* meeting a physician who wore a most dejected expression inquired as to its cause. The man of medicine said he had just returned home after an absence of a week or two, and had found his wife in bed with cerebro-spinal meningitis. "Why didn't you shoot the villian" said Pat.——*While a physician* was visiting a patient in Norristown, two children poured a pint of molasses into his silk hat, which he didn't notice until he put the tile on his head. Language cannot describe his fellings, but it is said that he will petition the next legislature to pass a bill making it a criminal offence for a child to be born under twelve years of age.

NOVEL TREATMENT OF ASTHMA.

Dr. R. B. Faulkner, of Alleghany, Pa. (*New York Medical Record*) has had remarkable success in the treatment of spasmodic asthma, by applying tincture of iodine as a counter-irritant along the pneumogastric nerves, from the upper part of the thyroid cartilage to near the upper border of the clavicles. The application is to be continued daily till the surface becomes irritated. Another part of his treatment is the forced inflation of the lungs by means of a Politzer bag filled with common air. At the time of a full inspiration, the nozzle connected with the bag is placed in the mouth, and the contents driven into the lungs so as to dilate the vesicles and put an end to the spasm which is the cause of the difficulty.

NEURALGIA OF A LABIUM

In one of our English exchanges, Dr. J. Matthews Duncan says: "I have never seen any neuralgia more intense than that of the cord in the male. One case in a clergyman I can never forget, it was so very severe. In woman I have only seen it distinctly a few times. The worst case was that of a stout old lady liable to bronchitis and asthma. In her it came only occa-

sionally, but when it did come it was so severe as to cause much alarm; the pain ran along the cord or rather the round ligament in the right inguinal canal, and was most severe in the corresponding labium. It was soothed by kind attention, hot bathing being generally used, sometimes anodyne applications to the skin.

An Infant without Arms or Legs.—A Spanish medical journal states there has been born in Madrid an infant with neither arms nor legs. In other respects it is well formed and healthy, and is now five months old.

RECEIPTS.

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received for the month of March:

H. C. Young 1, A. E. Miller 1, E. F. Eldridge 1, J. M. Buzzell 1, J. O. Hughes 1, C. N. Gallup 1, E. W. Aldrich 1, H. F. Cross 1, W. W. Brewster 1, W. De Corcey I, J. Johnson 1, R. Morse 1, Wm. Brown 1, C. E. Brooks 1, G. S. Little 1, L. Dunn 1, S. T. Bacon 1, R. Dunbar 1, C. R. Sylvester I, E. B. Guest 1, S. D. Jordan 1, W. E. Storer 1, Geo. Blackstone 1, E. L. Danforth 1, S. M. Durant 1, A. L. Landers 1, M. K. Welch 1, E. D. Norris 1, J. L. Walker 1, Geo. Williams 1, Enoch Flowers 1, E. Stetson 1, P. Holmes 1, W. Turner 1, E. S. Mortimer 1, H. R. Owen 1, E. A. Park 1, P. A. Parsons 1, H. Powell 1, M. Rosenheim 1, J. J. Sharp 1, E. D. Smith 1, G. A. Stillman 1, J. B. Stone 1, J. S. Taft 1, L. W. Tuttle 1, L. W. Adams 1, W. F. Deichman 1, W. J. King 1, I. Fish 1, W. E. Ripley 1, R. J, Borland 1, E. D. De Ross 1, D. P. Flower 1, S. W. Flower 1, M. T. Mulholand 1, C. M. Nivison 1, P. L. O'Neale 1, B. H. Piper 1, A. Thompson 1, D. C. Thompson 1, C. J. Angerstine 1, J. A. Aiken 1, A. F. Barber 1, B. F. Brewer 1, H. W. Bishop 1, R. G. Bassett 1, W. D. Berdan 1, F. E. Beucking 1, D. Brewer 1, F. Clendenen 1, I. Clendenen 1, A. E. Curtis 1, W. C. Cady 1, J. A. Dispennett 1, A. C. Dougherty 1, E. C. Daniels 1, H. N. Dale 1, F. B. Dillon 1, B. D. Dustin 1, D. S. Evans 1, F. Ellingwood 1, W. W. Easton 1, L. A. Freund 1, W. M. Fletcher 1, H. T. Grimes 1, J. R. Grimes 1, P. C. Graham 1, H. J. Greer 1, A. N. Herring 1, G. L. Hemenway 1, H. J. Herring 1, C. E. Hartley 1, H. Hildebrand 1, A. J. Hutchinson 1, A. Huntsinger 1, J. Hull 1, A. J. Henning 1, K. W. Hanison 1, A. J. Hiattt 1, W. S. Ingraham 1, F. A. Jonas 1, O. C. Jenison 1, E. D. Knight 1, W. T. Martin 1, H. W. McGrew 1, W. D. McIntyre 1, W. G. McKinney 1, T. H. McMaster 1, A. Moyer 1, L. G. Madison 1, L. E. Parmeter 1, E. M. Reasner 1, T. H. Ring 1, M. E. Reading 1, M. A. Read 1, A. M. Ries 1, D. J. Sawyer 1, T. B. Sanborn 1, M. F. Sawyer 1, B. J. Shang 1, M. C. Sutherland 1, H. T. Soper 1, H. S. VanDoren 1, W. A. Vanriper 1, H. D. Whitford 1, S, O. Wood 1, T. F. Tongue 1, J. J. Lace 1, S. Slaterl, P. R. Eddy 1, J. A. Witherel 1, P. N. Locklin 1, R. J. Goodale 1, M. Stiles 1, A. Dunn 1, T. T. Lewis 1.

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(CORRESPONDENCE INVITED.)

SARCO-PEPTONES!

(σαρξ, σαρκος—*flesh;* πεπτω—*I digest.*)

RUDISCH'S EXTRACT OF

PEPTONIZED BEEF.

We desire to state to the medical profession that we have assumed the agency for the sale of the above important preparation, and that we have on hand for distribution, *gratis*, a limited number of samples which we shall be pleased to furnish to physicians who may favor us with their addresses.

This preparation perfectly meets the modern idea of an artificially digested food, as well as that of an extract of meat, being rich in nitrogenous matter in the form of PEPTONES derived from the ALBUMEN of the meat.

"SARCO-PEPTONES" contains not only *all the extractive substances*, organic and inorganic salts of the beef, but also *most* of its *albuminous* portion converted into a soluble and easily assimilable form, known in Physiology as PEPTONES.

SARCO-PEPTONES cannot be compared either with beef-tea or with the commercial beef extracts after Liebig's formula, for whilst this preparation is a FOOD in the same sense as beef is, the best authorities, including Baron Liebig himself, have demonstrated that Liebig's Extract is only a STIMULANT.

One part of SARCO-PEPTONES corresponds in nutritive value to *eight parts* of fresh beef.

All the objectionable features of artificially digested meats heretofore offered to the profession and the public have been overcome in SARCO-PEPTONES, owing to the special method of preparing the same.

The superiority of SARCO-PEPTONES consists in:

I. The Large Percentage of Peptones which it Contains.—There are 35 per cent. of Peptones, beside other nitrogenous substances.

II. Its Absolute Purity.—It is diluted with no foreign matter whatsoever, but contains only such as is derived from the meat itself. For this reason it is one of the *cheapest* products of its kind ever put on the market.

III. Its Uniformity.—The method of preparing this product is such as at all times guarantees its uniformity.

IV. Its Palatability.—The taste of this preparation is such as to be acceptable to the most fastidious patient.

V. Its Perfect Solubility in Water.—Sarco-Peptones will dissolve at once in boiling water; and in a comparatively short space of time, in cold water.

The process of digestion has been partially accomplished in the preparation of this article, hence the *weakest stomach* will be able to assimilate it. Therefore, Sarco-Peptones may be employed as a remedy in ANÆMIA, EXHAUSTION, INDIGESTION, FEVERS, etc., and in all cases *of convalescence* as well *as by the healthy.*

☞ Send for reprints of articles on the relative value of the ordinary meat extracts and Sarco-Peptones, written by eminent physiologists, and published in various medical journals of high standing.

PARKE, DAVIS & CO., Man'f'g Chemists.

60 Maiden Lane, } NEW YORK CITY. DETROIT, MICHIGAN.
21 Liberty Street. }

PINK GRANULES.

PINK GRANULES are diminutive pills, containing minimal doses, and coated with sugar, to which a pink coloring has been imparted. They are an exceedingly attractive form for the administration of medicines, and are especially adapted to children, the dose being regulated according to the needs of the youngest, and the appearance being such as to remove from them all suggestions of a disagreeable nature In the case of fastidious women, also, the Pink Granules are a desideratum. In such cases as require the exhibition of small and frequently repeated doses they will, moreover, be found to be very pleasant and convenient.

Our Pink Granules are placed on the market on a legitimate margin of profit, and unprotected by any patent or copyrighted trademark or name. In these respects they differ from similar preparations put out by competing houses. It is the policy of our house to seek no other monopoly of any particular product than such as is the legitimate outcome of superior enterprise and skill in manufacture. Any other protection than this is for the purpose of securing exorbitant profits, is in direct violation of express provisions of the Code of Ethics to which the great majority of medical practitioners have either formally or tacitly subscribed, and is contrary to the spirit of the humanitarian profession of medicine, of which pharmacy is a branch.

COMPRESSED TROCHES.

Actuated by the ethical considerations referred to above, we have also placed before the profession our Compressed Troches. Our formulæ comprise POTASSIUM CHLORATE, POTASSIUM CHLORATE AND BORAX, and SODA MINT. These are guaranteed equal to any similar preparations under similar name, in the market, and have the advantage of being lower in price and entirely unobjectionable to the ethical practitioner.

We respectfully request that physicians desiring the above forms of medicines will specify them by the names which we have given them, and, in order to avoid possible substitution on their prescriptions, that they will also specify our manufacture by the addition of "P., D. & Co." By so doing they will both effect a saving to their patients and assist in ridding reputable medicine and pharmacy of the copyrighted trade mark abuse, which is being fostered by their support, and in direct antagonism to both the interests and ethics of the profession.

PARKE, DAVIS & CO.,

Manufacturing Chemists, *DETROIT, MICH.*

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Ridge's Food FOR Infants AND Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York*. The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best"; and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞*PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered.*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

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ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ Especial attention to manufacturing for Physicians from Private Formulas.



FOR

INFANTS

AND

INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

MELLIN'S FOOD is entirely soluble.

MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

MELLIN'S FOOD is the best food for well infants.

MELLIN'S FOOD is the best food for insufficiently fed nursing infants.

MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

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41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

FOR CONSUMPTION AND WASTING DISEASES,

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil.....80 m. (drops.)	Soda.....1-3 grains.
Distilled Water.....35 "	Boric Acid.....1-4 "
Soluble Pancreatin..... 5 grains.	Hyocholic Acid.....1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,
HYDROLEINE,
WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

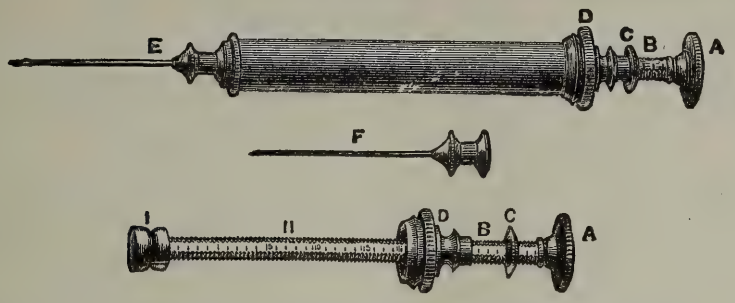
NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

KIDDER & LAIRD, Agents for the United States,

Price at Retail, $1.00 per Bottle. Depot, 83 John Street, New York.

☞In corresponding with Advertisers, please be sure and mention this Journal.

NEW HYPODERMIC SYRINGES.



No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

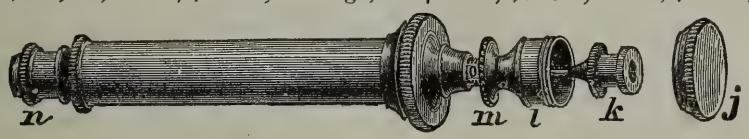
No. 3, Compact, has hollow piston rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the pocket instrument or vial case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4: one only with No. 3. They are refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices; No. 1, ***$3,50;*** No. 2, ***$4.00;*** Postage, .03. | No. 3, ***$2.50;*** No. 4, ***$3.50;*** Postage, .02



No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case..... $3.00. Postage, .02.



CODMAN & SHURTLEFF, BOSTON.

No. 9.

No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case..... $3.00. .02.
No. 7 or No. 9, with two steel unplated needles, either..... 2.50. .02.
No. 10, glass, Luer's (French,) graduation as No, 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case..... 12.00 .02.
No. 11, glass cylinder, fenestrated nickel-plated metal mounting (see cut).



CODMAN & SHURTLEFF, BOSTON.

No 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its lesser liability to breakage. Price, with two best steel gilt needles, in a neat case ..... $3.50. .02.

☞Any of the above will be sent by return mail on receipt of price and postage.

Hypodermic Syringes of all kinds Promptly Repaired.

☞N. B.—See other advertisement above, and in writing please mention this Journal.☜

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

13 and 15 TREMONT STREET, - BOSTON, MASS.

REED & CARNRICK'S

BEEF PEPTONOIDS

COMPOSED OF THE NUTRITIOUS CONSTITUENTS OF

Beef, Wheat and Milk,

FORMS IN ITSELF A PERFECT FOOD.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It is partially prepared for assimilation, and, therefore, makes but little demand upon the digestive powers of the gastric juice.

4th. Being in the form of a dry powder, it will keep in any climate.

5th. It contains over 90 per cent. of nutritious matter.

6th. It contains twenty-five times more nutritive matter than Liebig's Extract of Beef or similar productions.

7th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

8th. Beef tea and similar preparations to Liebig's contain but little else than the osmazone and stimulating properties of the beef, and are, therefore, almost valueless as constructives.

9th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

10th. It has the advantage of being easily and quickly prepared for use.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rheinish Prussia, Bonn, in a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing powers of various natural and artificial foods for infants and invalids, gives the following results as far as concerns their nitrogenous nutritive constituents:

Beef Peptonoids..... .....70%

Per Cent.	Per Cent.	Per Cent.
"Caviar.....25.81	"Fowl (breast).... .....16.56	"White Bread..... 7.20
"Revalenta.....19.93	"White of Egg.....13.48	"Biscuit..... 6.71
"Smoked Ham.....18.93	"Yolk " 13.01	"Oysters..... 5.78
"Fresh Beef.....18.53	"Infants'Food..... 9.90	"Cows' Milk..... ... 4.00
"Extractum Carnis (Liebig's Beef). 3.40		

"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—*New York Medical Times.*

According to Dr. Stutzer's valuation of beef tea, a patient would be obliged to consume eighty pints of that deceptive liquid (prepared from eighty pounds of steak), before he could obtain the flesh-forming constituents present in one pound of **Beef Peptonoids.**

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 Fulton St., New York.

MALTINE.

(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M. D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—"'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M. D., F.C.S., University, Mich.:

Jan. 7, 1884.—"'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M. D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesscs donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

THE MALTINE MANUFACTURING CO.,

JOHN CARNRICK, President, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injuries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80½ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine*. Has been relieved of all pain: all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

JOSEPH ADOLPHUS, M. D.

THE GEORGIA ECLECTIC MEDICAL JOURNAL.

The only Eclectic Journal in the South. Thoroughly practical, liberal, and progressive, and published in the interests of Southern Eclecticism, monthly, by S. T. Biggers, M. D., and Wm. M Durham, M. D.

Joseph Adolphus, M. D., Editor,

48 Butler Street.

ANGLO-SWISS MILK FOOD.

Made at Cham, Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND



TRADE MARK.

PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo-hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

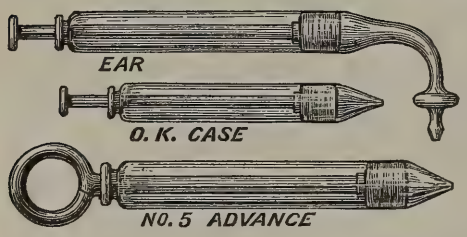
"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

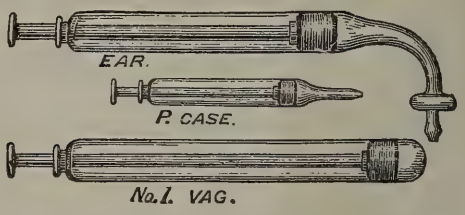
"We find that it agrees with each case."—M. SPENCER, Matron Philadelphia Infant's Home.

Anglo-Swiss Cond. Milk Co., 86 Hudson St., N. Y. P. O. Box 3773.

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McELROY'S
Patent Glass Syringes.





Received the Highest Premium at the U. S. Centennial Exhibition.
Acknowledged by all to be the best in the world.



P. J. Mc ELROY'S O.K. No. 3

FOR SALE BY ALL WHOLESALE DRUGGISTS.

P. J. McELROY, Practical Glass Blower,

7 Bridge Street, East Cambridge, Mass.

Each and every syringe has on it my Red Label, with name and address.
ALL OTHERS ARE WORTHLESS IMITATIONS.

The Great Food Flour



THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat. **FREE**

PRICE, $7.00 PER BARREL.

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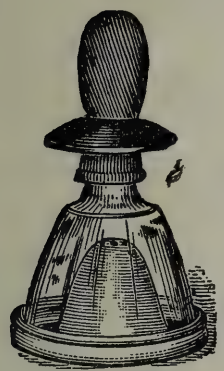
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GEYER'S
Nipple Shields and Breast Pipe

For use in cases of Sore or Retracted Nipples.



The peculiar construction of these Nipple Shields effectually obviates the difficulties usually experienced in the use of artificial appliances for nursing, entirely avoiding pain and suffering.

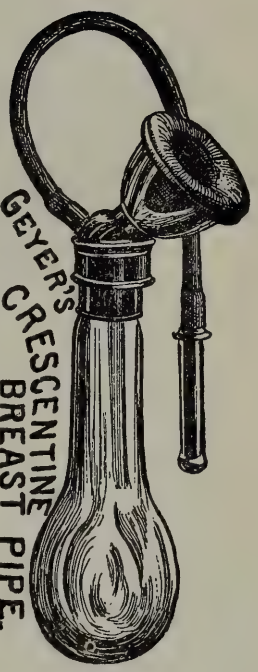
Geyer's Crescentine Breast Pipe is so constructed that it is the best appliance now in use for drawing the milk from the breast as it can be used without the least difficulty, and in case of Sore Nipples it has no equal.

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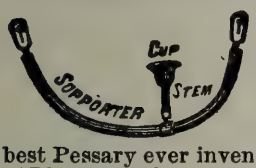
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Send for Circular.



DR. WADSWORTH'S
UTERINE ELEVATOR.



Made of soft India-Rubber, *without Lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The best Pessary ever invented. So say thousands of Physicians from Canada to Texas. ☞Send for Pamphlet. Price to Physicians, $4.00.

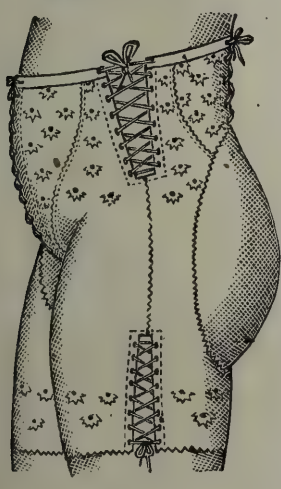
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PROVIDENCE, R. I.

Also for sale by dealers in Surgical Instruments generally.

DIABETES.

The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, ***GILLIFORD'S SOLUTION,*** an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. M'f'd and sold by R. H. GILLIFORD, M. D., Allegheny, Pa. In half pint bottles, **$1** per bottle, exp'd, on receipt of price.

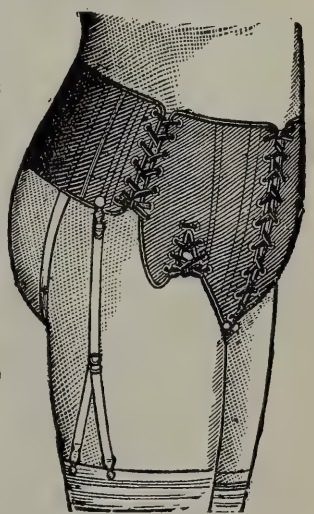
Madame La Chapelle's "Health Preserver."



A REVERSE CORSET for preventing and overcoming Uterine Disease. Pre-eminently useful during Pregnancy. Especially adapted to treatment of Functional Derangement. It affords IMMEDIATE SATISFACTION. Heat and Pain throughout the region of the back and pelvis, "fulness and dragging down," prolapsed bowels, ovarian weakness, troubles of the Bladder and attendant reflex troubles of Heart, Brain, Stomach and Liver, are relieved by its APPLICATION. Every one made to order, from glove kid and calf, and are very elegant. In measuring, give EXACT size (under all clothing) of Waist; Abdomen at Umbilicus; Hips, largest part; Thigh; and length from Waist to Pubes.

Measurement must be accurate to insure perfect fit.

Retail Paice, with leggings, $15; to Physicians, $10;
Without leggings, $12; to Physicians, $8.



Send for Circulars and Measuring Cards.

WHITE, WILLIAMS & CO.,
No. 257 Columbus Ave., - - Boston, Mass.

Indorsed by Celebrated Physicans. Used in Public and Private Hospitals. Shown in Medical Colleges

☞"No Doctor will fail to recommend or furnish them after knowing their value."☜

Unrivalled in treatment and cure of all forms of Hernia.

Fig1.



FARR'S

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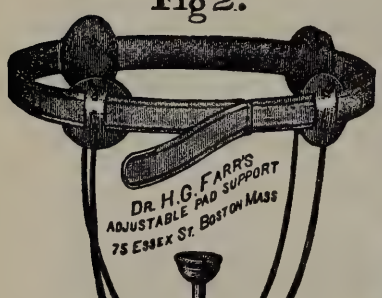
FLEXIBLE UTERINE SUPPORTERS

SOLD BY ALL DRUGGISTS.

Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups, Nos. 1, 2 and 3. Two length Stems, 2¾ and 3 inch.

Fig2.



The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1.	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



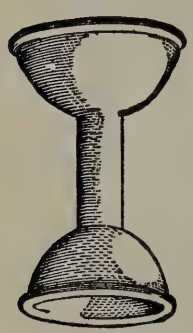
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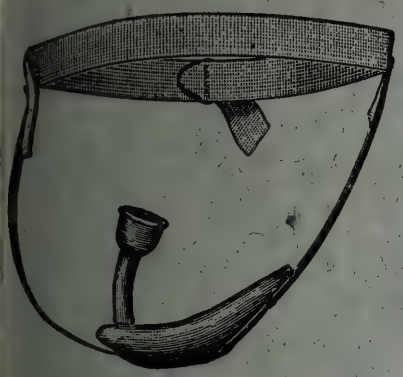
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FIG. 1.



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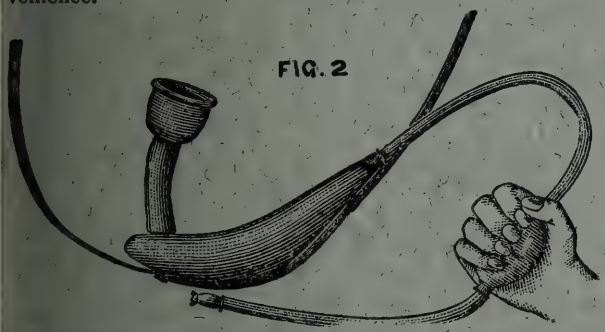
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FIG. 2



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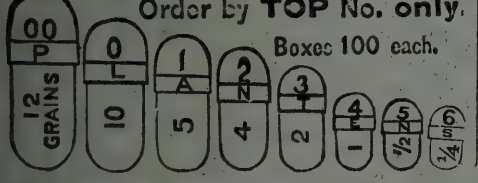
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VOL. 4. MAY, 1884. No. 5.

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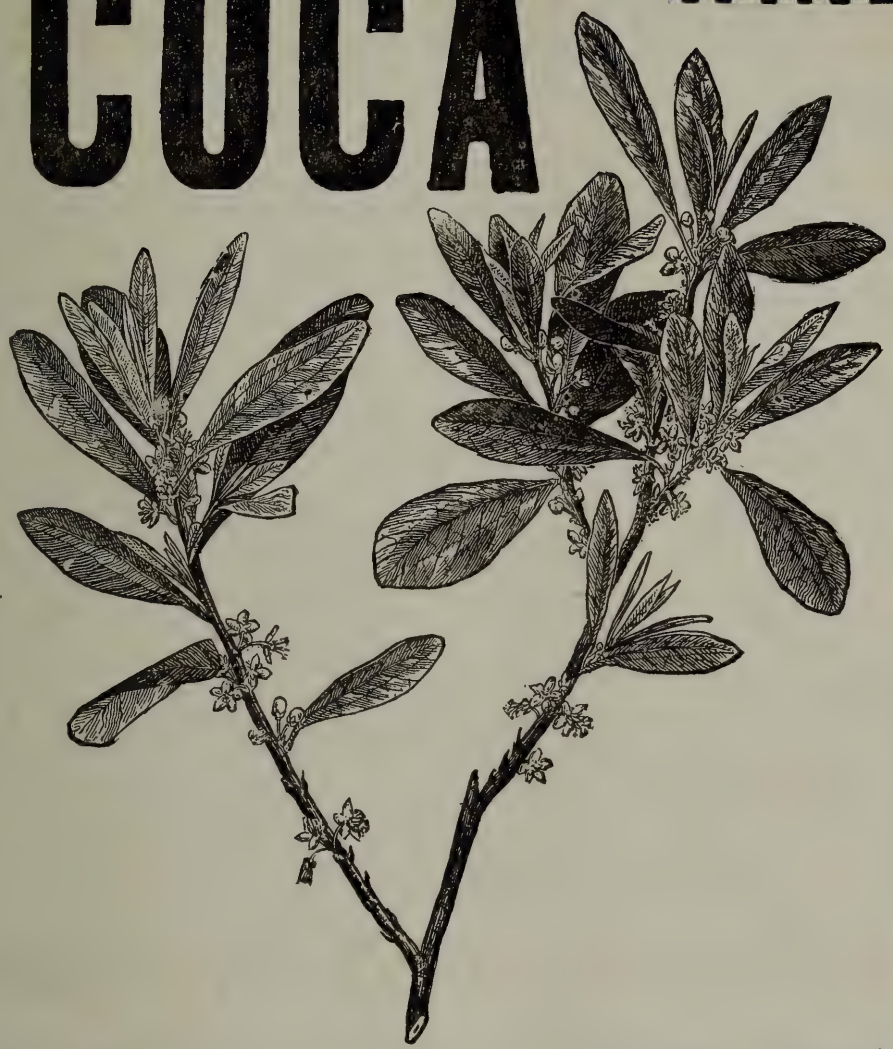
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I am glad to inform you that the formula for your preparation, TONGALINE, is a very excellent one. I have had occasion to prescribe it in several cases of rheumatic-neuralgic affections of long standing, which had seemingly resisted other remedies, and in some of them Tongaline has produced most exeilent results.
T. GRISWOLD COMSTOCK, A.M., M. D.

Cleveland, Ohio, July 30, 1883.
I have used your preparation TONGALINE extensively, and have been well satisfied with its results. You are to be congratulated upon the value of the article you offer physicians.
REUBEN A. VANCE, M.D

Baltimore, Oct. 31, 1883.
It gives me pleasure to state that I have had some very fine results from the administration of TONGALINE, also hear of the same good news from other hands.
J. J. CALDWELL, M. D.

Indianapolis, Nov. 17, 1883.
I have used TONGALINE in six different cases, three facial neuralgia, one neuralgia of the heart, and one chronic rheumatism; secured relief in each case and also in one of the most obstinate cases, where other remedies had failed.
O. B. PETTIJOHN. M. D.

Frankfort, Ky., Nov. 22, 1883.
I have prescribed your TONGALINE very frequently. It has done all and even more than I hoped to be able to do with it.
S. F. SMITH, M. D.

A. A. MELLIER,

Sole Proprietor. **ST. LOUIS, MO.**



MENSMAN'S

PEPTONIZED

BEEF TONIC.

THE great necessity for a fluid food that would possess ALL THE ELEMENTS NECESSARY FOR THE SUPPORT OF THE SYSTEM having been long felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit: thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 12 and 16 ounce bottles.

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IRON, PHOSPHORUS AND CALISAYA.

WE call the attention of the profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable Ferro-Phosphorated Elixir of Calisaya Bark, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to to the taste and acceptable to the most delicate stomach. This preparation is made directly from the ROYAL CALISAYA BARK, not from ITS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an Elixir of Quinine and Iron. Our Elixir can be depended upon as qeing a true Elixir of Calisaya Bark with Iron. Each dessert spoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

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This Oil is manfuactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Porf. PARKER, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. HAYES, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

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Family and Manufacturing Chemists, . . NEW YORK.

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DEFECTIVE or DEFICIENT MENSTRUATION, (from Nervous Debility or Anæmic condition of the system),
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The demand from physicians for a substitute for mother's milk in place of cow's milk has put on the market in recent years, a host of Infant Foods, which may be generally classified as *Farinaceous, Malt,* and *Milk Foods.* The objection made to

Farinaceous Foods (variously prepared from wheat, oats, rye, corn starch, etc.) are that they (1) all require cow's milk in its natural state, the very thing physicians desire to avoid, and (2) all contain starch cells, absolutely indigestible by infants. The objection made to

Malt Foods (the various preparations of barley, etc.) is the same, that they all require cow's milk, even were there no objections to them on other grounds. Under the heading of

Milk Foods come ***NESTLE'S MILK FOOD,*** and all the many imitations of it, mostly made in Switzerland, and *all* originated there. Nestle's being undeniably the *first* Milk Food manufactured, the various imitations of it all bear witness to its value in being *imitations* and in always comparing themselves with it in their public statements, The objections made to Milk Foods are (1) their becoming stale and cheesy, and (2) their liability to become wormy. Henri Nestle alone possesses the secret of preparing a Milk Food which will keep sweet and fresh in all climates. Put up in hermetically-sealed tins, it is also protected from flies, and we guarantee it for *one year,* exchanging all tins found defective. With sales of several hundred thousand tins in the last twelve months, we have had less than twenty-five tins returned. In Nestle's Food are combined all the best elements of cow's milk and of the Farinaceous Foods, without the starch-cells of the one or the danger of the other, *water only* being required to prepare Nestle's for use, For over fifteen years it has met with constantly increasing appreciation and verification of all that is claimed for it,—viz., that it is the nearest approach to the mother's milk, and will agree with a *larger proportion* of children, though it will *not* agree with *all.*

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

WOMAN'S HEALTH AND HER DISEASES.

BY DAVID WARK, M. D., NEW YORK.

AMONG the many causes that operate to deteriorate the health and vigor of American women I think there is one to which adequate prominence has not been given; the cause I allude to consists in the fact that the breathing capacity of the large majority of women is notably less than is indispensably necessary to maintain health, even if they had no other health-destroying influences to resist. Careful observation has convinced me that the average air-space in women's lungs is about twenty-five per cent. less than the vital volume laid down by Dr. Hutchinson as being necessary to health. This lack of respiratory capacity has a profoundly malign influence on the system. It depraves the quality and purity of the blood, obstructs its normal and equable circulation, limits the evolution of power, and strongly predisposes to the development of uterine congestions, with all their disastrous consequences. Let us examine these statements in detail very briefly. All the vital changes that digested food undergoes in becoming living blood, require the presence of an abundant supply of oxygen. A definite quantity of this gas is needed to complete the vitalizing changes required to be impressed on a given quantity of food. If the supply of oxygen be deficient the progressive metamorphosis of nutritive material

cannot be carried to the highest attainable point; and the blood to which it is finally added, is thus never as completely alive as it might be. The vital fluid of persons who breathe too little is thus badly fitted for its duties. It assumes the defective condition which exists in the blood of persons who are said to be anemic. The late Prof. Draper has shown that the function of the heart consists largely in filling the arteries, thus constantly presenting fresh volumes of blood to the capillaries; but the chief motive power that carries the current through the latter vessels is an affinity possessed by the blood for the walls of these minute vessels. This affinity is developed in a normal degree only in blood that has undergone those vital changes which oxygen impresses on it during its elaboration.

Again if this imperfectly elaborated blood be sparingly supplied with oxygen every time it is presented in the lungs for aeration its circulatory power is still farther depressed. I believe that these facts account, at least in some degree, for the uterine and other chronic congestions that so often prove rebellious to treatment.

Breathing and the Generation of Power.—There is probably nothing that women need more than the capacity to evolve power—nervous, muscular, mental, etc. If this precious force could be bottled up and sold in the shops its sale would far outstrip that of the most popular nostrum.

When a muscle contracts, a portion of its substance is used up in generating whatever power is evolved, the used-up part unites with oxygen. The energy of a muscle is in a direct ratio to the purity, abundance and oxydizing powers of the blood circulating through it, results that cannot be attained unless the respiration be constant, full and free. Therefore these whose capacity to breathe is below the full requirements of the system are not capable of exerting their full quota of any kind of power, whether nervous, muscular or intellectual. In view of these facts it is no wonder that women who breathe too little are not strong and well. When we consider the extreme importance of the respiratory function, and that it is so universally defective among women, we may be surprised the results are not worse, moreover the small quantity they do breathe is often far from

being pure; these facts indicate that the human constitution has very great power to maintain life under very unfavorable circumstances.

Influence of the Respiratory on the Generative Organs.—By way of illustrating the facts I wish to present, let us look on the trunk of the body as being divided into three stories by two partitions. The diaphragm forms the floor of the chest and the roof of the abdominal cavity. The partition below serves as a floor for the latter and a roof for the pelvis. Now, the diaphragm and the muscles of the chest and abdomen are in ceaseless motion, performing the act of breathing. In fact the diaphragm acts very much like the piston of a pump. When it rises it elevates the roof of the pelvis to which the uterus is attached; when it descends the latter is depressed. The constant up-and-down motions of the powerful muscle forming the floor of the thoracic cavity, with the action of the abdominal muscles, are communicated through the digestive apparatus to the lower partition to which the uterus is attached. These respiratory motions have so direct and positive an influence on the pelvic viscera, that in healthy women the motions of whose breathing apparatus are quite free and natural, the uterus and its appendages make two distinct movements every time they breathe. When the diaphragm rises and the breath is expelled, it is elevated from one inch to one inch and a half, and when the diaphragm descends and the lungs are filled, it sinks in the pelvic cavity the same distance. The uterus is thus normally in constant motion up and down. A digital examination to verify these statements should be made when the woman is in the standing position.

Influence of Motion on the Pelvic Circulation.—Motion of the womb, gentle but constant, is absolutely essential to keep up a healthy uterine blood circulation. To meet this imperative physiological necessity, the diaphragm, intercostal and abdominal muscles, in addition to their respiratory functions have the subsidiary duty assigned them of communicating automatic motion to the uterus, as I have previously tried to show. Nature has thus made ample provision to maintain a normal blood circulation through the female pelvic viscera in those who do not prevent her operations.

I am of the opinion that if these natural motions were not restricted by women, uterine disorders would be comparatively rare; and, moreover, if physicians in attempting the removal of uterine congestions and their effects, adopted adequate means to restore the normal motions of the respiratory and pelvic viscera, their success in the treatment of these difficulties would be greatly enhanced.

Respiration is very defective when it results in breathing only the minimum quantity of air on which life can be maintained, as so many women do. A critical examination of women who are the subjects of confirmed uterine disorder, will usually show that they lack the mechanical conditions requisite to carry on the breathing process in a manner that attains effectively all its normal results. In such cases the respiratory motions are confined to the clavicular regions, while those of the infra-mammary are nearly or quite abolished. The epigastrium is preternaturally hollow, while the abdomen is abnormally protuberant inferiorly. The uterus will be found lying in the pelvic cavity, dislocated, motionless even during forced breathing, and some part of its tissue congested or inflamed. The changes in the external contour of the body, anteriorly, are due to the sinking downward of the viscera and the yielding of the attenuated abdominal muscles to their weight.

The arterial current being driven by the contractions of the left ventricle is therefore practically unaffected by uterine dislocation and lack of motion, but the capillary and venous circulation, being carried on by other than cardiac forces are effectively obstructed by these abnormal local conditions. The uterus being displaced and motionless, becomes congested and inflamed, as the direct and necessary result. In fact, the uterine circulation becomes disordered in very much the same way as if a ligature partly constricted its vessels.

In a normal condition of the pelvic contents, when the uterus descends in obedience to pressure from above by the contracting diaphragm, the blood flowing through the uterine vessels is retarded; when it ascends on the removal of the pressure the blood flows forward more freely than if it had not been momentarily obstructed. The causes that disorder the circulation and

deprive the uterus of its normal motions, also affect unfavorably the nutrition of the pelvic tissues generally, and destroy their tonicity. Elastic firmness of the intra-pelvic tissues is an important factor in keeping the organs in situ.

I believe that whatever the immediate exciting causes of uterine congestion may be, the fundamental predisposing cause, in the vast majority of cases, is lack of motion in the pelvic organs, due to respiratory inaction.

Local alterative and depletory measures, used with ordinary judgment, almost always make a suffering woman feel better for a time; but the disease too often returns quickly. I think the poverty of the results often obtained by treatment justifies us in doubting the soundness of the accepted pathology of uterine diseases on which their treatment is based.

How can treatment be thoroughly curative which is addressed to the removal of secondary effects, leaving the fundamental predisposing causes untouched? Permit me to recapitulate these in order to place them concisely before the reader:

1st. Contraction of the chest with an unyielding condition of its walls, so that their motions during respiration are very limited.

2nd. The abdominal muscles are debilitated and relaxed, being thus unable to support the weight normally resting on them, or to do their part properly in carrying on the subsidiary respiratory motions.

3rd. The digestive and generative viscera are displaced downward.

4th. The normal vibratory motions fail to be communicated from the respiratory to the generative apparatus as they should be.

5th. The blood is irregularly distributed throughout the body and manifests a strong tendency to leave the extremities and form internal congestions, not only of the pelvic but of other organs. Physicians can scarcely expect the radical cure of uterine diseases in which congestion is a prominent feature without connecting such of these difficulties as may exist, and they will usually find them all if looked for.

It will be observed that although the difficulties I have enumerated profoundly disturb the physical processes vital and

chemical, they are themselves mechanical and are amenable largely to mechanical treatment. Properly directed measures of this sort greatly favor the success of whatever local applications may be deemed necessary.

The annexed cut illustrates an exercise which I have prescribed with excellent results during many years for the removal of those physio-mechanical conditions that I believe to be the chief predisposing causes of uterine diseases, and that moreover powerfully oppose the influence of the best directed local treatment.



The apparatus required is very simple. A stout iron hook must be screwed into the ceiling which supports a trapeze, the wooden bar of which is adjusted to hang horizontally about six inches above the patient's head. A leather strap is nailed to the

floor directly below the hook, the toes are to be placed under this to keep them from slipping about while exercising.

The exercise is taken by grasping the bar and without bending the knees describe a circle with the arms and upper part of the body as shown in the cut. From two to five minutes twice a day is usually enough.

The effects of this exercise are to expand the chest, increase the elasticity of its walls, to elevate the abdominal and pelvic contents, to increase the depth and freedom of respiration, and after a time to cause the respiratory vibrations to be communicated to the uterus and its appendages; thus directly and powerfully favoring an equable blood circulation through them.

The influence of this simple exercise on the prolapsed or displaced uterus is remarkable. When not bound down by adhesions it is elevated something in the same way that water is made to follow the ascending plunger of a pump. Finally the treatment here advocated cannot conflict with any other treatment, local or general, the physician may consider necessary.

9 East 12th Street, New York.

POISONED AIR.

BY J. P. BILLS, M. D., FALMOUTH, MASS.

Of late great exertions have been made by the medical profession to warn the public against the dangers with which it is at all times surrounded by the neglect of sanitary laws.

Powerful medical and moral facts and arguments have been adduced to demonstrate the advantages which accrue to a community having and observing the laws that promote health and diminish the death rate.

While the philanthropist calls for, and the inventive genius devises means and appliances for the better protection of life and limb of those engaged in hazardous and dangerous occupations, thereby adding to the happiness of a large portion of the community; it is none the less the duty of medical men, to instruct the people that there exist obscure and insiduous agencies by which life and health are destroyed; and that none are more potent in making mankind miserable than poisoned air.

We are told by the physiologist that the human chest expands and contracts upwards of twenty thousand times in the twenty-four hours, and that each individual requires on an average forty hogsheads of air each day, to sustain life and carry on the various functions of the body.

While people in a general way understand this fact, individually they are ignorant, and it matters little to them what kind of air they breathe, as they will not believe anything can be hurtful unless bad results are immediately seen.

When we consider the fact that this enormous consumption of air, means at the same time a varying proportion of deleterious material inhaled, and the giving off, in the same space of time, of such a quantity of carbonic acid as, were it confined, would quickly be fatal to life, we readily see the importance and need of pure air.

We have noticed in this connection the fact that among delicate children, more especially those having light hair, blue eyes and light complexion, who are often unusually bright, the decline in health dates from their first attendance upon school. Usually the sickness is charged to study, while the true cause is the impure air they are obliged to breathe.

Such children are burdened at the start in the struggle of life by inheriting a body in which there exists a delicacy of constitution, and health is only attained and retained under the most favoring circumstances.

To them poisoned air, though it may be such in only a slight degree, can have no other influence than a devitalizing one.

That the needs of school children, with one exception, are amply provided for, is evident by the fact that teachers are able and efficient, money is generously appropriated, no pains are spared to maintain the proper temperature, halls for recreation in stormy weather are provided, and in fact everything to make the school comfortable, but the one thing needful—pure air—seems not to be had within the four walls of a schoolroom.

Not long since, in a neighboring town, a costly edifice designed for a schoolhouse was obliged to be abandoned from the fact that a fanciful apparatus supposed to ventilate the building was found to be a lamentable failure. This might have been prevented had

those having charge of the construction adopted the idea of a recent writer, that "ventilation means running air just as a river means running water." That children need more oxygen for the blood than adults can be accounted for by the fact that they breathe oftener, consume more food, and changes go on in the system with greater rapidity.

Adults, particularly those engaged in sedentary and in-door occupations, among whom may be mentioned operatives in factories and mills, show the ill effects of breathing a vitiated atmosphere, and from this class can be selected more cadaverous, irritable and listless people than from almost any other pursuit, who though not actually ill are never really well.

Consumption, catarrh and kindred affections are common among them, and while overwork and dissipation may account for this in part, impure air is by far the greater factor and it is not to be wondered at when we consider that not only is the air they breathe made poisonous by emanations from the body, but also by minute quantities of noxious matter evolved from the materials used in the establishment for manufacturing and heating purposes.

Sewer gas, sulphuretted hydrogen, is another agency by which a large number of people are made miserable, for it not only finds its way into the system by way of the respiratory organs but it also acts by absorption through the skin.

It gains access to our living and sleeping rooms through faulty plumbing, and frequently through a defect in the waste pipe trap.

A simple and easy method of detecting the presence of gas in a room is to take white margin of newspaper and wetting it with a solution of sugar of lead, suspend the prepared paper in the locality to be examined; if the gas be present the slips darken in all degrees of shade to black, the rapidity with which the change takes place giving us an idea of the amount of gas present at the time.

That people can breathe a poisonous air and not be aware of the fact, strange as it may seem is nevertheless true, and can be accounted for in this way. The nerves governing the sense of smell being constantly and for a long time under the influence of

impure air, become to a certain extent paralyzed and incapable of distinguishing fresh air from foul.

Plants in a sleeping room are by some considered healthful, and the theory that plants give off oxygen and take up carbonic acid is the argument advanced to sustain the theory.

Though it is true the air is dependent for the renewal of its oxygen on the action of the green leaves of the plant, it is only in the presence and under the stimulus of light that this takes place.

All plants of whatever kind or nature absorb oxygen and exhale carbonic acid in the dark. When plants are flowering they exhale carbonic acid and at the same time evolve heat, and in this respect they resemble animals in regard to their relation to the air.

It is evident then that plants are not to be considered harmless in a sleeping room, their presence only adding to the amount of carbonic acid already existing in the apartment that usually are neither large enough nor sufficiently well ventilated to furnish enough oxygen for a single occupant for any length of time. Closets and clothes presses usually contain anything but pure air. Wearing apparel is therein deposited, containing in a greater or less degree the emanations from the body. If the attention of those having charge of these receptacles should be called to the fact that the contained air was impure, the probable answer would be the assertion that "it must be all right, for I never knew it to smell any different."

The answer well illustrates the truth of a quaint remark made by some writer, "It is the family smell, it must be all right, they have lived in it all their lives, they know nothing different and the air in the apartment to them is pure as any under the canopy of heaven."

Much attention has been given to the subject of drainage in relation to its contaminating drinking water, and in some localities cisterns have been built to receive and collect rain water, because it has escaped sewage contamination and must in the nature of things be pure.

It is true when rain water is at first formed it is very pure. But this purity, however, renders it more liable to the absorption

of foreign material, and it frequently happens that when gathered for use the water is found to contain a considerable percentage of impurities. These have been acquired during its descent through the air and its subsequent flow over the surface provided to receive it. In the vicinity of coal burning cities the falling rain washes out certain atmospheric impurities, such as carbonate of ammonia, nitric acid, and sulphuric acid, and they may be found either dissolved or suspended in the water collected. The presence of organic matter is not uncommon. Along the water fronts of some cities it is the custom in order to make more room for business and building purposes, to fill in and make what is known as "made land."

When this is done by fresh earth and thorough drainage is secured, it is probable that the localities may be considered healthy, but when the filling is done with street scrapings, ashes and all sorts of refuse and garbage, the atmosphere arising from such places can be considered nothing less than poisonous, and when an epidemic reaches a locality of this description, the mortality arising from the sickness and surroundings is appalling.

In conclusion, medical men at the present time believe it is quite within their calling to prevent disease as well as cure it. There need be but little fear that by so doing the occupation of the doctor will be gone. We have found in our experience that in families where there was a knowledge of the laws of health, the educated physician was the more fully appreciated, and we think we are safe in entertaining the opinion that just in proportion as the people are educated and understand the laws of health, the practice of medicine becomes in the same proportion both pleasant and profitable.

THE FARADIC CURRENT AS A PARTURIENT.

BY GEORGE A. STUART, M. D., (HARV.) CHARLTON, N. Y.

ALTHOUGH I am as much averse as any country practitioner can well be to visiting my obstetric cases burdened with a multiplicity of instruments and other apparatus, I invariably carry a Faradic battery, as the experience of the past twelve years has proved it to be of immense value in a number of cases.

Take, for example, a case of labor in the first stage where the contractile efforts of the uterus have become weak or are wholly lost. The os may be somewhat dilated, the membranes not yet ruptured, the head presenting and the parts soft, but the woman is about worn out and it is unadvisable to wait. What shall we do? Administer ergot? If we give it by the mouth it *may* act after a while. If we give it hypodermically we hasten its action but increase the danger of its use, as by the latter method we take away from Nature the power of getting rid of it by vomiting in those cases peculiarly susceptible to its toxic action. It is a well-known fact that ergot often fails to produce contractions under circumstances apparently favorable for its action, and I have yet to learn of any drug whose action is either more safe or certain.

The battery will *not* fail. Its action is speedy, certain, natural and safe. I apply it for from five to ten minutes at a time, one pole over the sacrum or lower part of the lumbar region, the other over the hypogastrium, and I seldom find it necessary to apply it more than once in any case. The deficient nerve-force seems to be restored; the contractions return, become forcible and regular; there is no consequent nausea, unpleasant head symptoms, nor diminution of the heart's beat; and there is no drug left behind for the system to get rid of.

Should there be a retained placenta the action of the battery will generally cause its speedy separation and expulsion; should there be post-partum hemorrhage it will surely control it. In these cases it may be necessary to apply one electrode to the uterus or even inside of it. So far as my experience goes the use of electricity in these cases is without danger to either mother or child. On the contrary the involution of the uterus is more perfect, the abdominal muscles are strengthened, and that great desideratum a rapid recovery thereby secured.

It is scarcely necessary to remark that where electricity is used to facilitate labor the uterus should be somewhat dilated, the os soft, the presentation normal and the current sufficiently strong to produce contractions.

Where the administration of chloroform has been rendered necessary and the heart has shown alarming signs of weakness

from its use, I have sometimes found it necessary to stimulate that organ by applying the positive pole over its apex and the negative over the middle of the dorsal region. Here, however, it must be used with caution. The current should be weak, gradually increased if demanded, and its action closely watched.

In one case of instrumental labor where the child was born apparently dead and resisted all the ordinary efforts toward resuscitation employed by the gentleman who was assisting me, and who was an obstetrician of skill and twenty years experience, I applied a strong current for fifteen minutes—one pole over the diaphragm, the other over the dorsal region—with the happy result of saving a child which I think must otherwise have been lost. As this was something like a year ago I feel quite safe in saying that the child sustained no injury whatever.

As to the battery—I think that the maker's name is of but little importance provided that it will produce a sufficient *quantity* of electricity, be easily kept in order, always ready, possess a reliable hydrostat to prevent the spilling of the exciting fluid in transportation, and its peculiarities be *well understood by the operator*. I use a Kidder battery myself. I like the arrangement of the coils as it gives me a choice in the quality of the current; but finding the "tip cell" (a Smee) too weak and too difficult to keep in order I have replaced it with two Grenet cells (zinc and carbon) one of which I always keep full of fresh fluid.

I generally carry three electrodes—one uterine with a ball tip, all except the ball being insulated,—an oval plate about $2\frac{1}{2}$ by 5 inches for the back, and a circular plate about 2 inches in diameter for the hypogastrium or heart. The plates are covered with chamois skin which should be wet before using.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Dr. P. E. Howes presented a paper on scarlatina, in which he touched upon many of the features peculiar to the affection,

and suggested certain practical points in its management. The paper in full will shortly be published in the JOURNAL.

DR. GREEN spoke of the great care that should be exercised by the physician lest he be the means of conveying the contagion from one patient to another. He related a curious instance in which it was conveyed through the medium of a garment. A lady, pregnant for the first time, visited her sister whose child was ill with scarlatina. She was often in the sick-room and occupied some of her leisure in knitting a little undershirt for the expected arrival. In due time the child was born and the shirt which had been finished and laid away some months before was placed on it. Eight days later fever, followed in due time by the scarlatinous eruption, presented itself and the child died.

DR. SPENCER thought little or nothing was known as to the cause of the disease, and did not believe that it was in all cases due to contagion. Some years since, when in country practice, he was called one bleak night in mid-winter to a house which stood back some distance from an unfrequented road, which had been all but impassable for weeks. Here he found a well marked case of scarlet fever. The little patient had been in the house all winter, not a single visitor had been received, no other case was known to exist within many miles, and no other case followed it. He was unable to assign a cause, but was firmly of the opinion that it originated within the house instead of being conveyed from without. When a boy he exemplified in his own person the fact that measles and chicken-pox may exist in a patient at one and the same time. In his case the chicken-pox preceded the measles, the latter appearing as the former was beginning to subside, and at the same time a brother was seriously ill with scarlatina, which he—Dr. S.—did not become infected with.

DR. MILES also spoke at some length of the possibility of two of the exanthemata occurring simultaneously—or rather one appearing before the other had disappeared. He was called in the late afternoon to see a child which had played with a neighbor's child in the morning. He suspected scarlatina and in the morning his suspicions were confirmed. A day or two later the neighbor's child became ill with the measles, and twelve days later the child to which he was first called was also attacked with that disease when she was recovering from scarlatina.

DR. GREEN reported an analogous case, the order being reversed, the measles preceding the scarlet fever.

DR. GERALD spoke of a case with which he had met, in which a boy had an attack of varicella which was severe, and before convalescence was fairly established scarlet fever appeared which terminated fatally.

Dr. Reid entertained little doubt but that two of the eruptive diseases might occur simultaneously or nearly so, but said that beyond question they were not interchangeable, the virus of one reproducing itself and no other. He spoke of decided benefit and comfort to be derived from the use of inunctions. They not only prevented the scattering of the epidermic scales liberated in desquamation, but relieved the burning heat and tension of the skin, and were generally very grateful and refreshing to the patient. He cited a case wherein the evidence seemed conclusive that the contagion had laid dormant in bedding from August until the following May, and that in spite of supposed thorough fumigation. Touching the length of time during which a patient may be capable of imparting the disease to another, he related a case in which one child was seized with the disease and the other was sent away, but returned after two months had elapsed, and eight days later was stricken with the same disease and died therefrom, and this in spite of fumigation and other precautions which had been taken.

Dr. Spencer pictured in a vivid manner, a case malignant in character which terminated fatally. He confessed that his heart sank within him when called to such a case, for he felt how futile our efforts generally are in such cases. He questioned whether any means were known that were any way reliable in such cases, and believed that in a majority of the cases cured (?) the favorable result was due to the mildness of the attack, and the patient's power of endurance, rather than to remedial measures employed.

Dr. Miles said the case portrayed was one evidently very malignant in character, and a majority of such cases progressed to a fatal issue. It was not within the law of either medicine or nature that all could be saved, some were manifestly fatal from the start, yet even here much might be done to alleviate. We should, as a rule, do those things which will lower the temperature, and in this we generally succeed and thus give the patient a better chance. He felt that it was of importance that such patients should sleep, and to attain this would even resort to morphia if necessary. As a rule he thought the medication of to-day accomplished something even in these bad cases.

Dr. Reid said that the gentleman who had drawn the picture was evidently a skeptic as to therapeutics, and he admitted that in aggravated cases he was somewhat like-minded himself. In this as in many other diseases, there were cases in which medication seemed impotent, and it must ever be so, "we are but born to die." He also attached much importance to measures addressed to the temperature, and aside from the inunctions

which he had already alluded to, directed frequent sponge bathing whenever the temperature went above a given point. He also laid great stress upon the necessity of delirious patients procuring sleep. Sleeplessness exhausts and debilitates, whereas "if he sleepeth he shall do well." In cases accompanied with violent delirium or protracted sleeplessness, we are justified in resorting to anything to counteract it. He had often found the bromides of great service. He thought a very guarded prognosis should be given in the mildest cases, for the tendency to nephritis seemed as great in the mild as in those more severe, and furthermore the gravity of the severe cases is appreciated and precautions stringently observed, while in the milder ones it is apt to be under-estimated.

Dr. Gerald said that perhaps his bump of faith was more fully developed than that of some others, but he always felt that he could relieve his patients if he could not cure them. He also regarded mild cases with as much anxiety as those more severe, since from them we frequently get the worst results, the treatment not being so faithfully followed, or the patient so closely guarded from exposure. The cutaneous surface should receive due attention, and he always used alkaline baths in conjunction with inunctions. He also alluded to the routine treatment of giving quinine; no other remedy was given so empirically he thought.

Dr. Chase said that when he had no faith in his ability to aid, the case always went badly with him. Cold water or sugar pellets, given with the assurance to the patient that it would do good, were often to be preferred to better medication, with a doubt expressed as to the result. He did not believe in too frequent bathing; inunctions were doubtless good, but could be carried to excess, and if they became objectionable to the patient should be stopped or resorted to but infrequently, for the annoyance would counteract their otherwise beneficial effect. There are no specifics in scarlatina, hence he gave remedies as indicated by conditions present.

Dr. Merkel spoke of the frequency with which the wet sheet pack was used in the treatment of scarlatina in the hospitals of Berlin, and with marked results. Acid washes were also largely employed.

Dr. Geddes endorsed the acid applications, and advised the use of acid fruits in addition.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

PRURITUS VULVÆ.

IN the current number of the *Eclectic Medical Journal*, Prof. Howe writes of pudendal pruritus and its treatment:

"The center or starting point of pudendal pruritus cannot always be determined. It may be in tegumentary structure in the vicinity of the vulva and afterwards extend to the mucous surfaces. The mons and parts covered with hair are prone to itch; and so are the outer labia. The inner labia when long and pendulous are often the centers of itchy sensations. The clitoris is not oftener the seat of itching than the fourchette. Leucorrhœal discharges are apt to incite a disposition to scratch parts irritated by the acrid flow. Certain uterine displacements are attended with itching of the external genitalia, hence it is well to consider morbid states of the pelvic viscera before prescribing external remedies. In the earlier months of pregnancy it is not uncommon for pudendal itching to exist. The annoying impressions are presumed to come from hyperæsthesia, an increased vascular activity. Sometimes the discomfort is present during the later stages of pregnancy. Fissure of the anus, through reflex excitations, may cause biting and twinging sensations in the vulva. Ascarides in the rectum have been known to produce irritation of the genito-urinary organs. A vascular excrescence of the meatus urinarius and warty growths of the nymphæ are cited as provocatives of genital uneasiness. Eczema may be named as a common cause of pudendal pruritus, especially in women who have passed the second climacteric. Urticaria while visible, is attended with a very distressing degree of itching.

"*Treatment.*—In order to secure satisfactory results the nature of the disorder in each case must be definitely understood. If the cause of pudendal itching be pediculi, a parasiticide must be employed. The following will prove efficient: ℞ Rose water ʒ iij., Fowler's solution ʒ j. M. S. External use.

"A daily use of the embrocation for a week will remove the pest except such of it as may subsequently spring from ova. It will be prudent, therefore, to use the lotion occasionally for several weeks to make sure of killing late hatchers.

"Several parasiticides in common use may prove efficacious, yet few are without objections. Ointments are abominations; and the mercurials are mostly irritants. The oil of bitter almonds incorporated with olive oil—a drop of the former to a drachm of

the latter—constitutes an agent that will destroy crab-lice; so will terebinthinate preparations, yet all of them are more or less objectionable.

"An apthous condition of the vulva is to be overcome by the topical employment of the following: ℞ Vaseline ʒ j., Boracic acid grs. x. M. S. Apply twice a day.

"Eczema will not readily yield to any local application; but must be overcome in part by the use of constitutional remedies. It is well for a patient suffering from eczematous itchings to take one drop of Fowler's solution every three or four hours; and to drink sulphur waters occasionally. Chian turpentine is reported to aid in the removal of tetter upon any part of the body.

"An excellent lotion to suppress a large proportion of eczematous itchings about the pudenda and vulva is one made as follows: ℞ Distillate of Hamamelis ʒ iv., Tar water ʒ j., Mercuric bichloride grs. ij. M. S. External use, twice a day.

"When a vulvar pruritus depends upon a vaginal or uterine leucorrhœa, restraining injections should be employed as curative means. The following may prove a valuable corrective: ℞ Water ʒ vj., Chloride of Zinc ʒ ij., Muriatic acid gtt. x. M. S. Use 10 to 15 drops in a wineglass of water. This should be injected into the depths of the vagina once a day. An efficient piston syringe will do better than one made of soft rubber.

"Ascarides in the rectum may be expelled by the use of sulphur or santonine. Enemas of terebinthinate emulsions generally prove destructive to 'seat-worms' or small parasites just within the anus. In the use of antiparasitic remedies, it is to be borne in mind that the verminous diathesis is to be changed, or the annoyance will soon return.

"A caruncle of the meatus urinarius may be destroyed by the employment of sulphate of copper. An elongated mass of crystals may be whittled into a pencil; or a crayon bought or wrought can be employed as a mild caustic. Nymphæ warts are to be eradicated by the use of escharotics. If the excrescences be sprinkled daily with pulverized borate of soda, they will soon disappear. A pledget of lint, wetted in a solution of boracic acid, and laid in the genital fissure, will keep morbid surfaces apart, and contribute to the process of healing.

"Cleanliness is both preventive and curative of pudendal pruritis. Certain constitutional neuroses—as diabetes mellitus—are attended with itching sensations in various parts of the body, and especially of the genitalia. Lastly, the indulgence of scratching begets paroxysms of itching, hence a person afflicted with pruritus should abstain from the habit as much as possible."

PUERPERAL CONVULSIONS.

Dr. A. L. Clark gives to the *Chicago Medical Times* for March, his impressions as to the nature and treatment of eclampsia. He says:

"I do not claim to have had an infinite experience derived from an innumerable number of cases, but it has been so far as it goes a *good* experience. I now recall thirteen cases during the past twenty-four years; am not certain but reflection might add to the number, but do know that not one of the cases proved fatal, but every one made a good recovery, and all were treated strictly in accordance with the principles so well laid down by Prof. John King some years before my experience began.

"For years past, those who have written magazine articles upon the subject seem to have been impressed with the idea that some particular treatment or remedy must fit all cases, than which no graver error can be imagined. Prof. King stated the causative conditions as twofold: First—centric; second—eccentric; Or to amplify centric causes were those whose disease producing force was expended upon the nerve centers; eccentric, those in which the influence was exerted upon the periphery of the nervous system, or upon the terminal filaments of the nerves.

"Chief in the first class of cases is that deranged condition manifesting itself in albuminuria with no doubt the retention within the system of urea, and perhaps other morbific elements; a digestive tract distended with undigested food might perhaps be, and in one of my cases I think certainly was, an element belonging to the class.

"The second class alludes to a rigidity and sensitiveness of the cervix uteri, possibly the vagina, and certainly the perineum.

"Manifestly, if this teaching be correct, two quite diverse plans of treatment must be required to rationally and successfully treat all cases. In the first class of cases convulsions will succeed upon delivery, and perhaps even go on to a fatal termination, unless arrested, in the second class, delivery terminates the convulsions. In the first class, convulsions may precede labor, in the second they only appear after the presenting part of the child has for some time pressed upon a rigid and sensitive os or perineum, and the subjects are mostly nervous or highly sensitive women.

"Now I am aware that some attribute the convulsions under consideration to puerperality, and say that they are due to some peculiar changes in the system instituted by that condition, at the same time denying *in toto* the causative influence of albuminuria or any other renal derangement, and they bolster this assertion

by the fact that not all women with albuminous urine have convulsions nor do all having convulsions have albuminous urine.

"To the first I would say, not every teething child has convulsions, yet nearly every one will attribute to the influence of dentition great prominence as a cause of convulsions, and as to the second it is in entire accord with the theory of eccentric causes.

"The treatment, when opportunity affords, should be prophylactic in the first form. Such pregnant patients as exhibit especial symptoms of albuminuria. If an examination discloses the presence of albumen in the urine, should be put upon full doses of the tinct. ferri chloridi, the skin stimulated to action by warm packs, and have the bowels kept open by saline cathartics. In this way, we may no doubt many times ward off attacks, a statement that is open, I am aware, to the criticism that it resembles the verdict of the backwoods jury of 'guilty, but not proven,' since we can never *know* in any given case that convulsions would have ensued but for our treatment.

"But suppose the attack be present. If the labor be far enough advanced, deliver at once with forceps or as can best be done, modifying the attack if need be by inhalations of chloroform.

"Delivery accomplished, or should the labor be insufficiently advanced to make it practicable, administer elaterium grs. $\frac{1}{8}$, potass., bitart ʒ i trituerated together, every two hours until the bowels are freely moved. Rarely will a second dose be required, and pending the movement of the bowels, the patient may, if undelivered, be placed in a warm half-pack enveloping the body from the shoulders to the hips. In my experience, consciousness when absent has invariably returned soon after the first evacuations of the bowels, and a cessation of the convulsions has then occurred. Should the urine remain albuminous, I know of no remedy that can replace the tinct. ferri chloride internally, at the same time stimulating the skin to action by bathing and friction.

"In the second form, place the patient under the influence of chloroform if convenient, and as soon as a sufficient advance is made, deliver; the termination of the labor will be the termination of the convulsions and no special subsequent treatment is required.

"I have not mentioned several auxiliary means of treatment which may be found serviceable, such as cold affusions to the head, ligation of the extremities, etc., etc., being desirous of simply stating a principle or groundwork for treatment, leaving minor details to the judgment or practice of the obstetrican."

SIMARUBA.

Dr. Pitzer has been giving a series of interesting articles in the *American Medical Journal*, entitled "Direct Medication." In a recent one he has this to say of the simaruba:

"This is the simaruba officinalis. The bark of the root is the part used in medicine. The officinal infusion—three drachms of the bruised drug to boiling water one pint, kept hot for two hours in a covered vessel and then strained—is the best form for administration, One ounce of this four times a day is an average dose. This infusion, made about four times the ordinary strength, and mixed with pure glycerine in the proportion of two parts of infusion to one of glycerine, may be kept on hand for ready dispensing. Dose, one tablespoonful four times a day. Or a tincture may be made of the drug by macerating two ounces of the bruised root in a quart of red wine for ten days, and then filtering. Dose, one tablespoonful four times daily.

"Simaruba is a positive tonic to the mucous and muscular coats of the alimentary canal. To insure the best effects from this drug we must commence with small doses; say we order one-half the quantity named in the above doses, and increase as we may find it prudent. When the dose is too large, nausea and diarrhœa are certain results. But small doses will always restrain a chronic diarrhœa dependent upon atonic conditions. And some of the most aggravated mixed cases of chronic diarrhœa and dysentery we have ever seen have yielded under the influence of small doses of simaruba. One case in particular, that I now have in my mind, had lingered under my treatment for nearly two years. First he had a long 'spell' of dysentery and malarial fever. He finally improved a little, got out of the house, but his diet had to be very much limited, or he would suffer from diarrhœa, alternated with dysenteric discharges and tenesmus. We suspected abscess of the liver, ulceration of the bowels, neuralgia, or rheumatism, and tried many measures with but temporary results. Finally, a German friend, a mechanic, told my patient to try simaruba. He consented. The friend went to a drug-store and bought a handful—as he expressed it—of simaruba, and he put it into a quart bottle of red wine. Of this he commenced to take, in twenty-four hours, wineglassful doses, three times daily. He began to improve at once. His appetite was keen, digestion more perfect, bowels moved less frequently, gained in general strength and vigor, slept well, and actually made a rapid recovery. I watched this case with a great deal of interest, for the man is a friend of mine, and lives on the same block with me, so I had good opportunities of know-

ing exactly what was going on. He is now well, fat and hearty. This cure took place within the past year, and I have been using simaruba in other similar cases with very much the same results.

"The facts are simaruba is a very much neglected drug. And we too frequently throw aside old remedies for new ones that are not nearly so good as the old ones. I like simaruba, and I mean to teach others to like it. Try it, and you will need no encouragement from me."

THE TREATMENT OF OPHTHALMIA NEONATORUM.

UNDER this title Dr. David Wark writes to the *Medical Tribune:*

"In beginning the treatment, it is of the utmost importance that the eyes be thoroughly cleansed of the acrid pus which is excreted abundantly. The pus of ophthalmia seems to undergo decomposition rapidly, thus adding to the intensity of the inflammation. The cleansing process is effectively done by everting the eyelids and washing them with an abundance of tepid water. A gentle rotary motion imparted to the eyelids with the end of the finger, will assist in expelling the remaining pus. That done, a solution of the nitrate of silver, five grains to the ounce of distilled water, should be applied. This is a very old remedy; the novelty if there be any, consists not in the remedy, but in the manner of its use and in the subsequent treatment. I believe that the nitrate of silver exerts an active curative influence up to a certain point; but if a single application be made to the healing surface after that point has been attained, it tends powerfully to reproduce the inflammation; but many authorities advise the frequent application of this salt. To do this is both useless and dangerous, for the reasons indicated. When the eyelids are swelled, the diseased surfaces are never fully reached by simply dropping the silver solution into the eye. Experience has taught me it can be done much better in the following manner; and when used as directed by the physician himself, one or at most two applications of the silver nitrate, followed diligently by the other measures here indicated, are sufficient to effect a perfect cure even in severe cases. A very small hard-rubber syringe, having a slightly bulbous point should be selected and charged with a few drops of the solution. The child being laid on its back, the point of the syringe should now be well introduced under the upper lid at the outer canthus; the eyelids should then be closed with the fingers of the other hand, and the solution injected until the eyelid is seen to be puffed up thereby.

The operation should be repeated on the lower lid as soon as the irritation caused by the above treatment has subsided; a liquid prepared as follows, should be dropped freely into the eye every two hours—in bad cases, every hour, after the eyelids have been everted as perfectly as possible. Dissolve sixty grains of alum in four ounces of new milk; warm the solution gently until the casein coagulates; filter, and it is ready for use. It is scarcely necessary to add that should the child's stomach, bowels, or general condition require attention, appropriate treatment will favor the action of the local measures."

PAIN PRECEDING THE MENSTRUAL FLOW.

The value of pulsatilla in these cases is too well known to Eclectics to need many reminders. Macrotys is also a well known and oft used remedy by us in these cases. An occasional case will be met in which the two combined meet the requirements well.

Atropine in small doses 1-80 repeated every four hours, or ergot in 10 drop doses are often of decided value in certain cases. Pulsatilla answers those cases that are attended with feelings of weight in the pelvis and worrisome pains along the abdomen and back of the thighs, with headache and nervousness. When the face is red and the eyes watery, pulse rather hard, indicating more than normal arterial tension, then gelseminum comes in remarkably well, and this also when there is a sense of fullness and pain in the head, or throbbing temples. The dose may be gradually increased from time to time. Macrotys often does well in cases attended with considerable abdominal distress, high-colored urine, and heavy, bearing down pains. In some cases, especially those accompanied with a heavy, pasty tongue, gastric disturbance, and indigestion, we get prompt returns from fl. ex. ipecac. The powder is a fraud. The fluid extract is always to be depended on, and the dose should at first be one drop, then two, and so on till relief comes. Cypripedium has its place and use also. When heavy headache and tearing backache are the leading symptoms, full doses of this remedy will do good. I also unite it with lobelia when the skin is hot and dry and the tongue heavily coated; thus used they do much good. When the pain is strictly that of dysmenorrhœa, I find nothing to equal a combination of cypripedium, gelseminum and viburnum opulus, in equal parts, and which I add an equal quantity of syrup of wild cherry, giving a teaspoonful every hour or two until relieved. I can say I am seldom disappointed with this combination when the right cases are under treatment.—Dr. Biggers, *in Georgia Eclectic Medical Journal.*

SELECTIONS.

NEURALGIC ACCOMPANIMENTS OF LESIONS OF THE PHARYNX.

Dr. Hack, of Freiburg (*Deutsche Med. Wochenseh.*), delivered a lecture recently on neuralgic accompaniments of pharyngeal lesions. His attention was first called to the subject in connection with a patient on whom he had performed various cauterizing operations of the nose, on account of obstinate migraine and pains in the nape of the neck, and who, having been cured of those, came complaining of pains between the shoulders, and of a peculiar burning and tickling in the throat. He himself suggested that the throat should be burned for the cure of the pain, as his nose had been for the pains in the neck. The only lesion in the throat was a marked hyperæmia, and Dr. Hack, not considering himself justified in having recourse to cauterization for so slight an ailment, tried various remedies without any result, until he was at last persuaded to use the galvano-cautery. The pain between the shoulders at once subsided, and also the peculiar feeling in the throat. In another case that came under his care, the pain was in front, above the clavicles, and in the pharynx a little granulating tumor was visible, bleeding on the slightest touch. After the destruction of the tumor by the galvano-cautery, the pain over the clavicles completely disappeared, to return again with a slight return of the growth, which was easily removed in the same way. In a third case, hypertrophy of the inferior turbinated bone had caused stoppage of the nose and hyperæmia of the pharynx, with which was associated lancinating pain over the clavicles, which vanished in the same way when the hypertrophy was overcome. The neuralgic pains appear to accompany slight pharyngeal affections more often than severe ones, and always those which are hypertrophic in character rather than the atrophic. The neuralgia is sometimes in the form of sudden, sharp pains, of lightning rapidity; sometimes more diffused, and "rheumatic" in character. Their cause must remain to a great extent hypothetical, but it probably depends on the termination of the nerves in the pharyngeal mucous membrane.

THE HOT-WATER "CURE."

The *Lancet* has some very timely remarks under this heading. It is probable that we have not yet begun to appreciate how widespread is the application of this so-called cure, nor how much mischief it is gradually producing. The article in question says very forcibly: There is no lack of evidence that crude

or decomposing contents of the alimentary canal may be washed away by copious draughts of hot water, and that the apparatus of digestion thus cleansed at short intervals will work better than when it is coated with *debris* and excreta. On the other hand, it is not less well known that the mucous membrane of the stomach and intestines may become permanently congested, and the essential parts of its structure—the organs of secretion and absorption—rendered habitually swollen and turgid, with the result of impairing their functions by too frequent "fomentation." Like every thing else, the use of hot water as a "cure" needs to be determined by considerations of expediency, based on a precise judgment of the state and conditions in each individual case. If it should become popular to drink hot water largely, we shall soon be called upon to treat patients who have done themselves a lasting and, it may be, a serious injury by this practice. If it should happen that where there already exists a tendency to congestion, the blood-vessels are denied the opportunity of contracting and relieving themselves in the intervals of digestion, or if "gastric juice"—to use a popular term—slowly and laboriously secreted in cases with impaired or debilitated glands, be ruthlessly washed away by too frequent drinking, the "advantages" of the hot-water cure are not likely to prove welcome results of a "plan of treatment" which has been misapplied.

We heartily indorse these views as expressed in the *Lancet*, although we do not see how the gastric juice is to be ruthlessly washed away. As we understand it, the hot water is used only in the intervals of digestion, and as the gastric juice is secreted by the stimulus of food to be re-absorbed when it has performed its work of digestion, it could not directly be very much influenced.

LACING UP WOUNDS.

Dr. A. B. Frazee, of Elbridge, N. Y., referring to the subject of traction sutures (*Medical Record*, September 22, 1883), sends a description of the method which he employs. He says: "I take two pieces of strong adhesive plaster (Meade's plaster is the best I know of for my purpose) as long as the cut to be drawn together, and as broad as circumstances will allow, and, after folding back the edges one-fourth inch that are to be next the cut, I fasten ordinary dress-hooks, which are sold at the dry-goods stores, along the folded edges at regular intervals. Then, after drying the skin, I apply the plasters each side of the wound, a little distance from the edges, with the hooks opposite one another, and with a strong thread lace up the wound like a glove.

The advantages of this are: 1. The thread can be loosened or tightened from day to day, thus keeping the edges in apposition while allowing for swelling, etc. 2 The wound is accessible and can be cleaned and dressed very easily. 3. In many cases sutures will not be needed at all, thus avoiding the irritation they cause, and the scar. 4. If sutures are used to insure more perfect apposition, the strain is taken off them and they will irritate less in consequence. 5. The plasters will hold much longer than sutures, will pull more evenly, and bear greater tension without yielding. The hooks can be sewed to the plaster, but in most cases a more convenient way of fastening them on is the following: Prepare the hooks by turning the ends of the wire out, so as to be at right angles with the hook. Then, before tearing the cloth off the plaster, fold it back half an inch and with a penknife cut through the two thicknesses parallel with the edge where the hooks are to be, then tear off the facing-cloth and pass the hooks through the slits. The cutting weakens the plaster somewhat, and if much traction is to be made it is better to sew the hooks on."

ALBUMINURIA VS. BRIGHT'S DISEASE.

A FEW years ago, when albumen was detected in the urine, a diagnosis of Bright's disease, and a very gloomy prognosis was the consequence. Albuminuria and Bright's disease were usually regarded as but different names for the same disease, for a serious degenerative disease of the kidney. Now, all is different, and while the majority of physicians realize that albuminous urine does not necessarily imply kidney disease, yet there is a tendency among many, in their practice, to ignore this fact, and oftentimes to give a hasty diagnosis and prognosis, based upon the presence of albumen, and which the subsequent history of the case fails to substantiate.

Albuminuria may be the result of many causes, among which, for the purposes of illustration, may be cited a temporary congestion of the kidney, as from suddenly plunging into cold water (for a distinguished English authority has recently stated, that he believes that if the urine were examined immediately after coming out of an ocean bath, that of nearly every one would be found to contain albumen, a transient albuminuria being produced by action of the cold water on the body, determining the blood to, and causing a temporary congestion of the kidneys), faulty digestion, by which according to Semmola, the albumen of the blood, instead of being nutritious, is excrementitious, and is removed by the kidneys. These two instances will suffice to

point the statement with which, as has been said, we are already familiar, that albuminuria does not necessarily imply Bright's disease. What then, you may ask, does indicate degenerative kidney disease? We must answer, that the diagnosis of Bright's disease is, to-day, one of the nicest problems in diagnosis that the physician can have presented to him. There are no absolutely pathognomonic signs, since all of the usually accredited symptoms may be present when the disease is absent. We can, however, in very many cases form a fairly accurate opinion; but it would take much more space than we can afford, to clearly elucidate this question. In view of the increasing prevalence of this disease, of its insidious nature, of the difficulty of diagnosis, and of its subserviency to hygienic laws, we know of no more important reading for the general practitioner than a good, recent work on this subject, for the views of to-day are altogether different from the views of ten years ago. The point that we wish particularly to emphasize, and to do so we will repeat, is that albuminuria does not mean Bright's disease, and that he who makes his diagnosis solely on this symptom will be repeatedly doomed to disappointment.—*Medical and Surgical Reporter.*

WHEN TO USE THE FORCEPS.

Dr. T. G. Comstock, in the *St. Louis Clinical Review*, gives the following aphorisms:

(*Precaution:* If the forceps must be resorted to, it is better not to delay; rather use them a little early in the labor, than wait too long.)

1. In the second stage, as soon as labor flags; pains severe, uterine contractions sufficiently powerful, yet the head makes no descent or advance.

2. Presentation fair, head in the vagina, soft parts swollen, the perinæum rigid, and the pains, though severe and trying, cease to be actively progressive.

3. In posterior-occipital positions, where rectification of the position and normal rotation cannot be effected.

4. In cases of puerperal convulsions, dangerous hemorrhage, extreme exhaustion, rupture of the uterus when the head is within reach of the forceps, some cases of placenta prævia, after first trying the colpeurynter or tampon, uterine-motor stimulants (*ergot*), and dilating the os.

5. In complicated labors, when the hand or arm descends with the head; prolapsus of the cord; other expedients having been tried in vain.

6. In breech presentations, to extract the after-coming head as

soon as the body has been delivered. In such cases delays are always dangerous to the child.

7. In moderately contracted pelvis, when the head is so compressed as to require assistance.

8. In cases of pendulous abdomen, where we have a pendulous uterus, so that the expulsive pains are misdirected.

9. In face presentations, where the difficulty lies in the lower outlet, and we fail to bring the chin forward, under the symphisis pubis; even here the forceps are preferable to turning.

10. In cases of complete impaction of the fœtal head, the forceps are always indicated.

11. When the mother has an organic disease of the heart, is subject to attacks of violent palpitation followed by syncope, is in the last stage of pulmonary phthisis, has a hernia liable to strangulation, or is asphyxiated.

12. In prolonged labor for want of uterine power, and in complete inertia of the womb.

13. When the labor pains are severe, but the natural powers of the mother do not expel the child two hours after the rupture of the membranes, and full dilation of the os.

14. Any other complications or emergencies that may suddenly set in during labor, causing a delay calculated to endanger the life of either mother or child.

NEUROPATHIC PLICA.

This singular condition is well illustrated in a case reported by Dr. J. F. Le Page, in the *British Medical Journal*, January 26, 1884:

"J. H., aged seventeen years, consulted me on September 30, 1882. She stated that for six or seven days she had felt ill, complaining of more or less general numbness; and that, on September 29, she suffered the whole day from severe headache, which affected chiefly the brow, together with the sensation of 'pins and needles' over the scalp. In the hope of obtaining relief, she, in the evening, washed her head in warm, but not hot, water. After partially drying her hair, which measured three feet one inch in length, with a towel, she commenced combing it out on the left side, in the presence of her parents, who are intelligent and reliable people, and, whilst so engaged, she felt a tearing sensation on the right side of her head, as though the hair were being pulled out, and, on placing her hand to her head, found that it was being drawn up. In one or two minutes nearly the whole of this long hair on the right side of the head was drawn into a hard lump. The parents, who wit-

nessed this extraordinary phenomenon, spent a great portion of the night in a fruitless attempt to untangle the mass. The few hairs combed out were spread on her pillow while she slept; but afterwards most of them were found to be drawn up as before, although not tangled as was the larger mass.

"On examination, I found the hair on the left side of her head quite smooth, very slightly waved, and not in the least tangled nor drawn up. On the right side, extending to nearly the median line behind and to within an inch of the forehead, the whole mass was contracted to a hard tangled lump, which it appeared impossible to unravel. My patient's parents refused for some days to allow me to cut off the hair, as they, to use their own words, considered it 'a visitation from God.' On closer examination, I found that, under the superficial portion, the arrangement was strikingly peculiar, the hair being looped and festooned in a way which I might even describe as beautiful. Under the microscope, individual hairs appeared quite natural, but a very significant fact is brought to light; all the hairs which are contracted, closely curled, and intertwined, are, more or less, flat hairs, whilst those which are looped and festooned are round. Viewed without the microscope, it is at once evident that no dexterity could have produced the most remarkable condition—a condition which art could not produce. Menstruation commenced when she was sixteen, and was irregular until six months before she consulted me. Since that time she had not menstruated. Her appetite was fairly good; her habits were sedentary."

PRINCIPLES WHICH SHOULD GOVERN IN THE TREATMENT OF INJURED LIMBS.

Professor Dalton writes: In the light of present experience the injury must be great if a *primary* amputation is justifiable. *Secondary* amputations yield results equal almost, if not quite, to a primary one. This being the case, you are justified in making an effort to save the limb. Amputations should be resorted to when—

1. Where the soft parts are so devitalized restoration may not be expected, as in railroad injuries or severe gunshot wounds.

2. Where the main artery supplying the limb is divided and the soft parts are badly injured, the limb should be removed. This rule does not apply in mere division of the artery, for then it may be ligated at both ends and the limbs saved, if the soft parts are not greatly damaged. The division of a large vein or nerve does not place the limb in as great jeopardy as some authorities suggest.

3. The mere exposure of a large joint does not justify amputation. It is only called for when the injury to the joint is associated with a devitalized condition of the associated tissues.

4. No amount of comminuted bone alone should lead to the sacrifice of a limb, for by the movable dressing the parts can be so securely held in position, can be kept so quiet, that repair may always be expected.

5. When amputation is demanded, Esmarche's bandage should always be used. It economizes blood, hence preventing shock. If the operation *must* be made immediately, the elastic apparatus, by saving blood, prevents the increase of shock.

Let amputation be divided into (1) immediate, (2) primary, (3) intermediate, (4) secondary. By the first is meant an operation performed at once. By the second an amputation performed within forty-eight hours, and before inflammation has become established. The third or intermediate is between this and the establishment of suppuration. The fourth or secondary is one performed after the active symptoms have subsided, hardly before the end of seven days. At this time pus is freely proliferated. The intermediate operation is a dangerous one, for it is made in the face of a high grade of inflammation, and therefore should never be resorted to. Immediate operations are often unsafe; the surgeon adds to the shock of the accident the shock of an operation. It is better to wait for reaction.(?) With positive rest and graduated but regular compression such as we get by the movable plaster of Paris dressing, we are destined to enter upon a new career, and our achievements will be marvellous as compared with the past, when the fragments were hourly disturbed and bandages acted as cords to strangulate.

DIRECT PULMONARY THERAPEUTICS.

A FOREIGN correspondent of a contemporary says that at a recent meeting of the *Academie de Medecine*, M. Sandras objected to treating bronchitis, laryngitis, and colds, by entrusting therapeutic agents to the stomach and intestinal canal. The drug thus administered is absorbed, passes into the circulation, and reaches the organs requiring treatment after a very roundabout journey, even if it do not lose its way there. M. Sandras recommends that the laryngeal and pulmonary mucous membranes be acted upon by direct inhalation of the vapor of turpentine and tar. The necessary apparatus consists of a bottle with a cork presenting two orifices. An India-rubber tube is passed through one of the orifices, with its end at a little distance above the level of the fluid in the bottle. Another tube is passed

through the second orifice; this is in communication with the air, and is passed into the fluid. The bottle is half-filled with a mixture of chloroform, ether, and turpentine, or with 100 grammes of turpentine poured on to twenty grammes of Norwegian tar. The inhalations should take place three times a day, and be kept up for five minutes, at the rate of fifteen to twenty inspirations a minute. M. Sandras asserts that this treatment rarely fails to cure coughs, and all the unpleasant complications attending colds and bronchitis.—*Medical and Surgical Reporter.*

REVIVAL OF THE ALUM TREATMENT OF WHOOPING-COUGH.

Not so very many years ago alum was one of the favorite remedies for the relief of pertussis. But of late it has been almost entirely superseded by other less unpalatable drugs. Now it seems to be again entering upon a time of favor and appreciation. Dr. Warfvinge, of Stockholm, records in *Hygiea* a series of cases of pertussis of varying degrees of severity in which he employed alum with encouraging results. He exhibited the remedy, as a rule, as soon as the characteristic symptoms were declared, and the earlier the treatment was begun the better were the results obtained. In one case of a boy, eight years of age, who had had a cough for three weeks, and who had just begun to whoop, the symptoms disappeared entirely after the use of alum, in a two per cent. solution, for two weeks. In another case of a girl, six years of age, who had from twenty to twenty-five moderately severe attacks in a day, the cough was cured in ten days by the same means. The remedy was given usually in a one or two per cent. solution in equal parts of water and orange syrup, in the dose of a teaspoonful four times a day. Even in the later stages of the disease the attacks seemed to be greatly reduced in frequency and severity when alum was exhibited to the exclusion of all other remedies.

TURPENTINE AS A PROPHYLACTIC IN INFECTIOUS DISEASES.

The *Med. Record* tells us that H. Vilandt writes in the *Ugeskrift for Laeger*, vol. viii., No. 8, 1883, concerning the value of the oil of turpentine in the treatment and prophylaxis of diphtheria and the exanthematous diseases. He states that he has never seen any of these diseases spread from a sick child to other members of the family when this remedy was employed.

In many of his cases no isolation could be attempted, as the mother was the only female in the family, and was obliged to take care of both the sick and the well, continually passing back and forth from one to the other. His method was to pour from twenty to forty drops of a mixture of equal parts of turpentine and carbolic acid into a kettle of water, which was kept simmering over a slow fire, so that the air of the sick-room was constantly impregnated with the odor of these two substances. He claims also that by this means a favorable influence is exerted upon the exudation in diphtheria, although it is by no means curative of the disease, and should never be relied upon to the exclusion of other remedies.

LEAD POISONING.

One would hardly expect to find the origin of lead poisining inside the kitchen boiler, but so it was in a case that is reported in one of our foreign exchanges. Repeated and careful examination failed to reveal any cause for the evident symptoms of lead poisoning from which the family were suffering. Finally, upon examining the kitchen boiler, a quantity of red lead was found therein. A new tap had some few months before been put in the boiler, and one of the workmen had carelessly thrown in a large lump of red lead, which was left over when they had finished the job, in order to get rid of it. Here, then, was the source of the trouble; and since it has been removed the family have recovered their usual health. The boiler had not been used for some time after the tap was put in, and when it was, the servant was warned not to use the water from it for cooking purposes. This order she appears to have obeyed only so far as her own food was concerned, hence her immunity from sickness.

TRANSFUSION OF BLOOD IN BRIGHT'S DISEASE

At a recent meeting of the Societe des Hopitaux (*Progres Medical*, January 19, 1884), Dr. Dieulafoy read a communication on transfusion in Bright's disease. He referred more particularly to a case of uræmia in which threatening symptoms had rapidly disappeared after the transfusion of four ounces of blood; not only that, but a notable diminuition of albumen was inaugurated by this measure. The patient was able to leave the hospital, but returned several weeks later, the albuminuria having again increased. Subsequently grave uræmic symptoms were developed and a comatose condition supervened. Again transfusion was practised, and again rapid improvement followed.

Later on, however, the patient died, and at the autopsy small granular kidneys, immense hypertrophy of the heart, and extensive atheroma were found. In seeking for an explanation of the good effects of transfusion, in spite of such profound structural alterations, Dieulafoy emphasizes the fact that the dyscrasia of nephritis may often be more important than its organic lesions. He concluded by pointing out the absence of danger in transfusion practised on patients suffering from chronic Bright's disease.

PEPTONIZED BEEF EXTRACTS.

Physicians are becoming more and more convinced of the paramount importance in certain diseases, of alimentation. Food at once concentrated in form, acceptable to the palate and easily assimilated, has gradually come to be recognized as a great desideratum. Liebig, who was among the first to make a careful study of the chemistry of foods, and whose genius was eminently of a practical order, made many valuable suggestions in regard to the rational dietetics of infants and of invalids. His name is especially associated with the condensed preparations of beef which for a number of years have held the first place in the minds of many physicians, as well as of the laity generally, among concentrated foods. The statement that one part of this preparation represents twenty parts, or forty, of beef, has been accepted without question, and physicians have been misled into the belief that their patients were receiving in the pint of beef tea prescribed, as much nourishment as they would get from a pound of beef steak—practically much more, because the digestive organs would be unable to cope with the beef steak, while the broth might be absorbed without any previous digestion.

All the while this belief on the part of a physiologist must have been an act of blind faith, and there were not those wanting who not only refused to act upon it in their own practice, but who, realizing the importance to both physician and patient of a knowledge of the truth, endeavored to expose the dangerous fallacy underlying it. The nutritive value of beef, they insisted, depends chiefly upon the albuminoids it contains. Liebig's extractum carnis *does not contain these albuminoids*. It consists of (1) mineral salts, phosphates, sulphates, and chlorides, and (2) of certain organic constituents of the beef which are soluble in boiling water, including possibly some nitrogenized compounds capable of being assimilated but consisting largely of products of retrograde metamorphosis, which in the living organisms are removed as rapidly as possible from the tissues and appear as excrementitious products.

The mineral salts, it is safe to say, are only of secondary importance as foods. That they may modify nutrition in any important manner is undoubtedly true, but mainly by influencing absorption, secretion, etc. They contribute nothing, or next to nothing, of their own substance towards the building up of tissue. They pass through the system unchanged, for the most part, and are speedily excreted, mainly by the kidneys. That they are not needed in the body is plain from the fact that they are constantly passing off thus with the excretions; the supply already is greater than the demand. Undoubtedly, in many cases of disease, the stimulating effect of these salts on the secernent system is of great importance, while the withholding of real food may at the same time be an essential feature in the rational treatment. Liebig's extract of meat admirably fulfils these indications, its especial value depending on the fact that it furnishes the shadow without the substance of a food. Its appetizing flavor stimulates sufficiently the enfeebled digestive apparatus for the very light burden imposed upon it, and given in the form of beef tea its bulk enables it to satisfy, by a kind of pious fraud, the appetite which it excites.

But there are other cases where concentrated nutriment is the *sine qua non* of rational treatment; where material for supplying waste and for building up new tissue must be furnished rapidly and in a readily assimilable form. Nitrogenous foods are always transformed before absorption into peptones—substances differing from albumen and fibrin mainly in the fact that they are freely soluble in both hot and cold water, and that they are capable of passing through membranes by dialysis. Such a transformation of proteids indeed is the essential and distinguishing feature of stomach digestion. Obviously the albuminoids should be furnished to an enfeebled stomach in the form of peptones. Peptonized milk, is in fact, now largely employed as a food for the sick. But milk is at best a dilute form of nutriment, and it lacks the appetizing quality which belongs to preparations of meat. Attempts have therefore been made, with more or less success, to produce a peptonized preparation of beef which shall be at once concentrated, palatable and permanent.

This desideratum seems to be at last fully met in the "sarco-peptones" of Dr. Rudisch, a sample of which has recently been submitted to us for a critical examination. The preparation is in the form of a translucent, firm jelly, of an amber brown color and the agreeable odor and flavor of a good extract of beef.

It dissolves readily in hot water and the solution is abundantly precipitated by the addition of alcohol. A sample of the sarco-peptones, dried at 105° C. was compared with a sample of

Liebig's extract of beef, exsiccated in a similar manner. Of the latter 26 per cent. consists of mineral salts, while not less than 93 per cent. is soluble in 90 per cent. alcohol. Of the former about 17 per cent. consists of mineral salts, but the greater part of the organic matter is insoluble in alcohol. Gelatin having first been excluded, an approximate estimate of the amount of peptone present was made by precipitation of the strong aqueous solution by means of a mixture of absolute alcohol and stronger ether. Making the usual small allowance for the solubility of peptone in ether alcohol, the proportion of peptones (dried) was shown to be 63.5 per cent. of the dried extract, or about 75 per cent. of the organic matter.

Judging from the amount of mineral matter present, one pound of the sarco-peptones represented about six pounds of beef, while of the Liebig's extract one pound represented 16 pounds of beef. It must be remembered, however, that the proteids of the meat cannot be concentrated, in any other way at least than by drying, and that, therefore, it is impossible for a preparation which contains them to be "concentrated" to the same extent as the ordinary extracts which simply omit them. The conclusion cannot then be drawn from the above figures that six pounds of Leibig's extract are of the same nutritive value as sixteen pounds of the sarco-peptones, although these quantities "represent" the same amount of beef. In fact the extract of beef contains scarcely any tissue-forming material, and owes the value that it undoubtedly possesses almost wholly to its stimulating properties. The sarco-peptones are sufficiently rich in the mineral salts to exert the same stimulating influence, but they add to this a high nutritive value depending on the fact that they contain, in a condition for immediate absorption, the plastic material required for repairing waste and building up new tissue.—*Therapeutic Gazette*, February, 1884.

APHORISMS CONCERNING LIGATION FOR ARTERIAL HEMORRHAGE.

In the *Polyclinic* for Dec. 15, 1883, Dr. John B. Roberts expresses an opinion that styptics are practically useless in general surgery, because either needless or inefficient. Hemorrhage should be controlled by either pressure or ligation. In applying the latter the surgeon should be guided by the following five rules:

1. In primary hemorrhage do not ligate arteries not actually bleeding, but have the patient carefully watched.

2. In both primary and secondary hemorrhage the ligature

should be applied, when practicable, in the wound at the point where the artery bleeds and not above, in the continuity of the vessels.

3. If the artery is completely severed, both ends should be ligated; if it is partly divided or punctured, a ligature should be applied on each side of such wound.

4. If a large artery is wounded near its origin, tie it below the wound, and tie the trunk from which it arises both above and below the point of origin of the branch. If a trunk is wounded near the origin of a large branch, tie the trunk with two ligatures in the ordinary manner, and apply a third ligature to the branch.

5. When ligation of the artery in the wound is impracticable as happens in deep wounds of the pelvis, ligation in continuity may be permitted.

SEVERE HICCOUGH.

Dr. Ruhdorfer, in the *Allgem. Wien. Med. Zeitung*, 1883, No. 38, reports a severe case of the above which resisted all remedies for three months, and which *morphia*, given hypodermically, could only check for a few hours or days. At last the attack became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnœa and cyanosis, the head was jerked in all directions, the pulse was small and frequent, the neck was distended. Remembering a case in the *Revue Medico-Chirurgicale*, Dr. Ruhdorfer injected a solution of *pilocarpine hydrochlorate*, three centigrammes in a gramme of water. The hiccough was at once cured, as if by magic, and has never returned since.

JABORANDI IN BRIGHT'S DISEASE.

Both reason and experience do most clearly indicate the beneficial influence of jaborandi in Bright's disease. We are, therefore, pleased to note in the *Medical Record*, March 22, 1884, a communication from Dr. F. A. O'Brien, of Atlanta, Ga., in which he calls attention to the beneficial action of jaborandi, given in small or moderate doses, for a long time, in the various forms of albuminuria classed under the head of Bright's disease. He has found that the drug is better borne when combined with nux vomica than if exhibited alone. In his opinion the action of jaborandi is not to be explained solely from its sialogogue and diaphoretic effects. He believes that it has a specific influence on the kidneys, permitting the tubules to relieve themselves of the inflammatory products that block up their lumina.

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

SHALL WE ABANDON THE NAME?

THE February issue of the *Kansas Medical Journal* reached us early in April through our personal address, instead of the JOURNAL office, the usual course of exchanges. This may have been due to inexperience on the part of its embryo editor, but more likely to a fear that it would find its way to the waste basket if it came through the usual channel. Our editor having divested himself of all superfluous clothing, unburdens himself of an article which is noticeable only as an abortive and puerile attempt at sarcasm, and for its profligate use of quotation marks and interrogation points, while its frequent and modest (?) allusions to the *Kansas Medical Journal* set in small pica are both amusing and refreshing.

Among the thrusts made by our bellicose editor, is one under which we especially writhe, and that is the insinuation that we adopted our present style of title page expecting to derive patronage from its resemblance to the *Eclectic Medical Journal*. Now we confess that we are only human, and not over-good at that, and we remember that good men have fallen ere this under unusual pressure, and we are therefore disposed to be very humble; so that while we don't in the least mind being accused of having confused ideas of mine and thine—in fact it affords rather a pleasing novelty—we do ask and *entreat* that we be credited with just ordinary good sense and judgment, unless some more damaging evidence can be produced than that we display on our title page such type only as good taste and the most limited knowledge of the art of printing would suggest, instead of using that of the hand-bill or circus poster style as do some whom we could mention. In fine, although we may be charged with contempt, we object to the finding of our Kansas judge, it savors altogether too much of lynch law, which holds sway, "we believe," in his jurisdiction.

We are also pleasantly informed that things are not now as

they once were; that the light of other days has fled, so to speak; that Bunker Hill isn't much of an elevation anyhow, and that the little unpleasantness which is *said* to have occurred there, is at best a thing of long ago, and in nowise to be compared with the recent exploits of the James boys and other modern heroes; that we live on the borders of civilization, the centre of which has been transferred to Kansas, whither the "Hub" has followed it. We have not the slightest doubt that this is correct, notwithstanding our early impressions to the contrary, but we are dismayed when we think of the "Hub" in its new location, and consider that this is only May and remember what Kansas mud is.

That we live "down on the shore in a state about as big as one of our counties," the "our" alluding of course to Kansas, we cannot deny galling as the admission may be, but we are in a measure comforted when we remember that from this little state have gone men and means that have left their impress upon the *world*, while many a little hamlet in this Commonwealth could buy the whole state of Kansas, to which we look chiefly for *veal*; furthermore the latter state is pretty well covered over with mortgages held hereabout, and in this connection we might suggest—it is only a suggestion, we would not venture beyond that—that another point of "policy" would be the cultivation of a more respectful manner toward elders, else these mortgages may be foreclosed, then where would our Kansas censor be?

But this is mere nonsense, and has no bearing whatever upon the point at issue; nor have we any desire to either engender or perpetuate sectional strife. Kansas and the old Bay State fought side by side in the war that kept the Union whole; are stars of equal size in the same field of blue, and in no sense rivals. Reverting therefore to our original point, we cannot but feel that while the suppression of the name eclectic may be the humane act of removing the red rag from the sight of the bull when he lies down tired out with charging at it, or may be done in the interest of harmony and peace, yet it is a serious mistake, if not indeed a conditional surrender. All history shows that men cannot fight for a principle which has no name, while the moment that a body of men assume a definite name that moment

their strength and influence is increased tenfold. If the name means nothing, is a useless appendage, why not drop it in every connection; from the name of our societies, from the title of our National organization? The various religious bodies find it needful to maintain distinctive titles, as a correspondent suggests. If names are neither useful nor necessary, if they simply tend to produce contention without any corresponding good, then do these branches of the christian church evince a spirit out of harmony with the gospel of peace which they profess.

There is too wide and firm a belief in the principles of eclecticism we take it, too general a use of them in the practice of eclectic physicians, too firm a consciousness that they are neither believed nor intelligently used by any considerable number of old school practitioners, too sure a knowledge that the only way to propagate a truth distasteful to its opponents is by fighting with a banner, too honest a faith that where understood eclecticism will prove superior to all other systems of medicine—for us to just now abandon the name which is compelling the world to listen to the truths of rational medicine. Not we think until eclecticism is accorded the position which of right belongs to it, not until like leaven it has leavened the whole lump, will the eclectic be ready, like the abolitionist of old, to surrender that by which he is known, that for which he has fought, and for which the world respects him.

A VALUABLE REMEDY FOR HEADACHE.

We desire to call attention to a simple and at the same time wonderfully efficient treatment for many kinds of headache. We lay no claim to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our endorsement, and desire to make it more generally known. The remedy is nothing more nor less than a solution of the bisulphide of carbon. A wide-mouthed glsss-stoppered bottle is half filled with cotton or fine sponge, and upon this two or three drachms of the solution are poured. When occasion for its use occurs, the mouth of the bottle is to be applied to the temple or as near as possible to the seat of pain, so closely that none of the volatile vapor may escape, and retained there four or five minutes or longer. For a minute or so nothing is felt, then comes a sense

of tingling, which in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be reapplied if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

We believe this was the basis of a once popular nostrum. The class of headaches to which it seems especially adapted is that which may be grouped under the broad term of "nervous." Thus neuralgic, periodic, and hysterical headaches, and even many kinds of dyspeptic headache, are almost invariably relieved by it. True the relief of a mere symptom is quite another thing from the removal of its cause, yet no one who has seen the distress and even *agony* caused by severe and frequently recurring headache (and who has not seen it?), but will rejoice to be able to afford relief in so prompt and simple a manner, besides it is sure to secure the hearty gratitude of the patient, if he has suffered long. As to the *modus operandi*, we have nothing more definite than a theory to offer, and that is that the vapor being absorbed through the skin produces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter-irritant. We however know that it does act, and if we do not clearly see in what way it acts, that is no more than can be said of several other remedies which are firmly established in professional favor and confidence.

MORE ABOUT "MEDICAL LEGISLATION."

The *Medical Tribune* for March, in relation to our article on Medical Legislation, says:

"In a recent number of the *Massachusetts Eclectic Medical Journal*, a leading editorial advocates the appointment of a Board of Examiners whose duty it shall be to license practitioners of medicine. Do the eclectics of Massachusetts forget, that until very recently they were denounced by the allopathic profession, as irregulars and quacks, and that they would not to-day be recognized as physicians or allowed to practice, had not the good sense of the people prevented the enactment of medical laws which would have given to the allopathic school the sole right to practice in the Commonwealth? From their desire for medical legislation at the present day, it would seem that they had forgotten the early persecutions to which they were subjected, and that they are now ready to join hands with their old-time traducers

for the purpose of persecuting others who have not as yet been smiled upon by the regulars."

In reply we would say, that while we have not forgotten the injustice that was attempted in other years, we cannot believe that because injustice might have been done unto us then, or might possibly be attempted now under certain circumstances, that that is an argument against *just* medical legislation to-day.

The main point that we made in the article referred to, we would still insist upon: "What the popular will would consider proper medical legislation is still a question. We think, however, that the masses are inclined to seek whom they will, and such methods as they please to relieve them when ill. But we are fully confident that such legislation as would prohibit any and all persons from fraudulently assuming in any way such medical titles as are conferred under the laws of this Commonwealth, with a proper penalty for violation of the same, would commend itself to the good judgment of all. And further than this, we are confident that it would be the sense of the great body of our people, and of the authorized schools of medicine, that a Board of Examiners should be constituted whose function it should be to designate those who are thus properly qualified doctors of medicine."

As an illustration of the demand for such legislation, the following is in point: A man called on us a few days since handing his card, Dr. ——. After a brief conversation he said he had a case of erysipelas of the face under his care, and desired to know if tincture of aconite and catnip tea were bad treatment for it. Further conversation with the "Dr." made it evident that the question proposed by him was the full measure of what he knew of the nature and treatment of facial erysipelas.

That man had announced himself as Doctor, as thousands like him do, and for some reason has gained the confidence of some, though he admitted that he had had but very limited medical opportunities. That the community have the right to be protected against such and to know who have pursued a legitimate course of study to prepare themselves for the practice of medicine, and have been adjudged qualified by the proper authorities, seems to us unquestionable, and that it is only equal justice to those who have thus acquitted themselves to be protected from the assumptions of pretenders is equally apparent. With this information before the public, the people are at liberty to choose whom they will to advise and treat them.

M.

THE ADULTERATION OF FOOD AND DRUGS.

EVERY member of the medical profession, and every intelligent citizen of the Commonwealth, is alike concerned in the effort that is being made by the Legislature, to more perfectly prevent the "Adulteration of Foods, and Drugs."

The extent to which these adulterations have been carried has been suspected for a long time, but the investigations that have been made by the Massachusetts Board of Health, Lunacy, and Charity, have placed the facts in the case beyond all question.

That the most vigorous measure to check these abuses should meet with opposition would seem impossible, hence the surprise at the strength of the minority in the House, though the bill was sastained by a strong majority.

At this writing the bill has to go to the Senate for its consideration, and it can hardly be possible that the measure will not there receive the support that the medical profession and the people expect and demand.

The matter of dollars and cents to the consumer, as far as value is concerned, is of small moment when compared with the importance to him that food sold for the sustenance of life, and drugs for the relief of suffering and restoration of the sick, should be reliable in every particular, and fraud nowhere demands more certain positive and severe punishment than when practised in connection with these essentials. M.

THE CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.

THIS society will hold its twenty-ninth annual meeting at the Elliott House, New Haven, commencing on Tuesday, the 13th inst., and continuing in session two days. The officers of the society are: President, T. Brockway, M. D., Vice-President, Isaac P. Leete, M. D., Secretary, N. D. Hodgkins, M. D., (whose address is Rocky Hill, Conn.) and Treasurer, Leroy A. Smith, M. D. Among the essayists announced we notice, Dr. L. S. Ludington, of New Britain, whose subject will be "Diphtheria." Dr. H. B. Steele, of Winsted, will present a paper on "Typhoid Fever," while Dr. M. F. Linguist, of New Haven, is announced to read one on "Surgical Gynecology." "Marasmus" is to be the theme of Dr. F. H. Williams, of Bristol, while Dr. S. B. Munn, of Waterbury, will give his views as to the present status of our knowledge of "Tuberculosis." The annual address by the President will be delivered on Wednesday, the 14th inst. We hope to receive for publication a report of the meeting, which promises to be of unusual interest.

CORRESPONDENCE.

THE GENERAL USE OF THE NAME ECLECTIC.

To the Editor.

You seem to have "quickened" our friends all about the country when you propounded the query whether or not certain were ashamed of the name eclectic, and the *Kansas Medical Journal* seems to have been especially wounded in this direction. Henceforth, I think we may be sure that whatever it may think of the *name*—and it is "ashamed of it, no, never!"—it will be ready to live, and to *die*, if need be, for the *principles* of eclecticism.

Whether or not your excellent journal is truly eclectic, I think a sufficiently direct answer was made in the April number, and I would suggest that those seeking further evidence be referred to its insignia and contents.

Perhaps it *was* presumptious in a journal from the little state of Massachusetts to make any suggestion that might seem like a reflection or criticism on the action of any of its great western sisters. While we of the East hold them in the highest regard and esteem, and glory in the grand work they are doing for the cause of eclectic medicine, yet we reserve the right to entertain an opinion of our own and the right to express it, and I trust that the Journal will not hesitate to drop, as occasion may seem to require, such suggestions to them as may seem to be for their good and ours, and for the interest of our common cause.

We know that a single county of some of those states could swallow up all our territory, still I think we need fear no such fate, for many of our "kith and kin" are there, and we still have confidence to send our overflowing populations to them, as well as our surplus funds, to build their towns, cities and railroads.

And now reverting to the theme of the more general, indeed to the *universal* use of the name eclectic in connection with all our organizations, journals, medical publications and colleges, I think it a matter of the greatest importance, and one worthy of our most careful consideration.

As argued in a recent number of the Journal, the term eclectic applies to a positive entity, *a principle in medicine*; a principle capable of continuous development, as are all true principles, having its rise, if you please, with Beach and Morrow, and expanding with the investigations of to-day, but in no sense less positive and axiomatic now than then.

The underlying principle of eclecticism should be so clearly defined, and a knowledge of it so disseminated, that the mere name

would convey to the popular mind, certainly to the professional mind, a clear conception of the principle involved therein.

When the term christianity is expressed, the intelligent mind grasps at once the idea it contains. When the names Papist, Protestant, Baptist or Methodist are used, the special doctrines of those forms of religious belief are at once comprehended. In the promulgation of their special doctrines, these sections of the christian church are politic enough to present themselves before the world in this explicit manner.

So when reference is made to the general topic of medicine, there is no failure to understand what the term medicine refers to. And when the terms Regular, Homœopathic, and Eclectic are applied to medicine, it is to be supposed that each applies to some special idea relative to the science and practice of the healing art.

If this be not true, especially as applied to eclecticism in medicine, then let us cease all meaningless talk, and throwing the chaff to the wind, let us like the so-called regular school adopt and consistently act on the idea that as yet there are no foundation principles in medicine. But if it stands for a principle, and a progressive truth in our minds, let us as its professed disciples and promulgators, keep it before the world in a clearly expressed form, acting as wisely in ocr work as do the promoters of other great movements, in this age of bold and persistent advocacy of what are held to be vital truths by individuals and organizations.

C. E. Miles, M. D.

Boston Highlands, April 21st.

Editor Massachusetts Eclectic Medical Journal.

I transmit a copy of the report of the Faculty of the Eclectic Medical College of the City of New York, which I had the honor of delivering in Chickering Hall, at the 23d. Commencement of the College March, 3d. 1884.

Ladies and Gentlemen. To the trustees and censors of this college, to the friends of the institution, to the large and friendly audience, we present to-night a graduating class, which in culture, in qualifications for entering upon a medical career, for attainments in the study of medicine and collateral branches, would do honor to any college in the land. Average in numbers, it is above the average in preparation for the duties of the profession.

The average annual matriculants in this college during its

existence has been about 100, the average number graduating at each commencement has been about 25, whole number of matriculants being 2150, whole number of graduates 610. This average it is hoped and believed will be largely increased in the future.

When the law of 1880 passed into effect, there were many men practicing in this state who had attended but one course of medical lectures. This law required all such to register a diploma from some legally chartered medical college or abandon practice. This enforced compliance with the law, made the classes for two or three years much larger, and those graduating proportionally so, during our last term only two matriculated who had heretofore engaged in practice, the remainder being studious ambitious young men, calculated to pursue a successfull and useful career. From the nature of things, the future classes will be composed of fresh, young, enthusiastic material.

The endeavor of the trustees is to make this college a representive eclectic institution, as it now is the only legally chartered school of eclectic medicine, in the State of New York. Independent, eclectic, and reform practitioners throughout the east, could by giving it their hearty co-operation, bring it a patronage equal to that of any school in the city, and while thus honoring the college, they would be themselves honored as friends, and promoters of the *system* they cherish and profess.

Little change has been made in the faculty during the past year. The administration of affairs, since the speaker's connection with the college (2 years) has been in strictest compliance with chartered rights and principles—and such as will meet the approval of any board of Regents created under the laws of this state. The aim of trustees, censors, and faculty, is to bring the teachiug to the highest requirements of advanced medical science.

In order to effect medical legislation at Albany, aspersions have been made, against some former administrations of this school as well as other medical colleges, one or two of which have been refused charters on trivial and technical grounds. These aspersions for the sole purpose of impairing chartered rights are so puerile as not to require notice were it not that unfair legislation is sought for, and hoped to be obtained under cover of such groundless insinuations, *i. e.*, for instance it is said that men have been graduated, who could neither speak, nor write English fluently. There are hundreds of German, French and Swedish physicians, of the highest attainments and qualifications, who neither have, nor will they ever acquire, a fluent use of the English language, yet in their native tongue they stand

among the foremost. Could or should any medical college refuse them a degree after strict compliance with the rules regulating the obtaining of a diploma? Certainly not!

It is said that men of immoral habits have been graduated. It is unfortunate but nevertheless true, that men of immoral habits are found in all colleges, churches and professions, and as medical college managements are not judicial boards with power to send for men and papers, they are from want of personal knowledge compelled to rely on certificates of good moral character, without which no man can graduate, under the laws and regulations granting degrees. It is evident, therefore, that men may furnish all the evidence required, and sustain a good moral character at the time of graduation, and still become men of bad habits at subsequent periods of life. Medieal colleges can neither make nor mould men's moral character to any large degree.

The trustees are representative men, some of whom stand in the front ranks of the legal profession, and the friends of the school, its rivals and its enemies, may rest assured that everything will be done to maintain the good name and reputation of the college unsullied, and free from spot or stain.

The management have looked with some degree of suspicion upon the restrictive legislation, that has been attempted at Albany, during the past few years, and vigorously prosecuted during the last session of the Legislature. The unfairness of the bill presented, has aroused the friends of all medical colleges in this city and state, whose chartered rights would thereby be tampered with—and also the friends of progressive medicine whose individual liberties were threatened. The division of medical patronage among the three systems of medicine legalized in New York state, has become so aggressive, that the stronger system has asked restrictive and protective legislation from the inroads of the rival systems, who are now controlling such a large and influential patronage as to make their progress alarming to those who have heretofore possessed a monopoly of it.

All interests have been so fully and ably represented before the Legislature as to make unfair, unjust and partial legislation impossible.

This school is pledged to all laws which tend to elevate the general profession, and which will give an equal representation to the principles evolved and taught by the three legalized systems of medicine as recognized under the laws of this great Commonwealth.

We ask the support and sanction of independent, eclectic and reform practitioners everywhere, especially in New England, and we invite you to send students to this college, located as it is

in the metropolis of the country, the center of medical education and thought. Let New York be the Athens in medicine as Boston is the Athens in literature, so far at least as this county is concerned. Respectfully,

1 Livingstone Place, New York City. B. Clark, M. D.

PERSONALS, BRIEFS, ITEMS, ETC.

Dr. C. E. Miles of this city having been indisposed for some weeks is recreating and recuperating at the Hygeia at Fortress Monroe.———*A bill legalizing diplomas* heretofore granted by the U. S. Medical College, has passed the Senate of the state of New York.———*Every physician* frequently meets with cases in which the question paramount to all others is how shall nutrition be maintained? Milk is a valuable nutriment but it is not always admissible, for some in health have a strong aversion to it, which in illness amounts to actual loathing or disgust, and some stomachs will not tolerate it under such a condition of things, we have therefore several times resorted to the use of one of the forms of peptonized beef, selecting "Rudisch's" preparation the "sarco-peptones," and the result was eminently satisfactory both in young children and adults.———*Sponging the surface* of the body with a solution of quinine in alcohol—a drachm to the pint—is strongly recommended in excessive sweating. We know it to be very effective.———*A Chinaman went into* the ladies cabin of a ferry boat and seated himself beside an Irish market-woman. He seemed to want to make himself agreeable and rubbing his hands remarked, "Belly cold." The woman looked at him with an air of contempt and replied: "If you'd put your shurt inside your pants, your belly wouldn't be cold you haythen." ———*J. P. Bills, M. D.*, has removed from Falmouth Mass., to Hyde Park, where he succeeds F. L. Gerald, M. D., who, we regret to say, finds it expedient to withdraw from active practice for a time. Dr. Bills has attended the meetings of the Boston District Eclectic Medical Society with considerable regularity, coming a distance of 60 miles or more. We shall now count upon him as one of the most regular as well as useful members of the society.——— *The American Druggist* says that beef tea made red hot with red pepper, is the very best treatment for delirium tremens.———*So far 1500* new doctors have been turned out this spring, with about 50 colleges yet to hear from.———*The U. S. Circuit Court* in Maryland, recently adjudged and decreed that a perpetual injunction be issued against Louis E. Wetter, and eighteen others, restraining them from imitating the labels of the Rumford Chemical Works, manufacturers of Horsford's Bread Preparation, and also from using their old bottles. The defendants were required

to bring into court all fraudulent labels, and all imitation powder, for destruction. It was decreed that the Rumford Chemical Works be entitled to receive the profits which have been diverted from it by reason of the infringement, and the defendants were ordered to pay all costs. This is another victory scored for the Rumford Chemical Works, who, not long since, caused several parties to be heavily fined for violating the injunction of the Supreme Court restraining all persons from offering for sale "Acid Phosphate" (so called) in any package which shall be a substantial or colorable imitation of Horsford's Acid Phosphate. ———*Several bills*—half a dozen or more—have been introduced into Congress, praying that all qualified physicians be made equal before the law in the service of the Government. Discrimination is made in favor of one class of physicians in every branch of governmental service, except the pension office. If any important change should be affected in this, we should feel assured that the millenium was close at hand, even now at the door.———*A physician* of large experience in practice in New York City, with whom we are personally acquainted and can heartily endorse, writes us that not feeling quite himself for a few months past, he has decided to spend some months in the country, or in a country town. The chief difficulty seems to be too much city life, and a change is desirable. He is "quite fit for work" and rest not meaning idleness to him, would be glad to relieve some country physician for a time. To any one interested we will give his address.——— *We are informed* by a communication from the secretary, that the annual meeting of the Association of American Medical Editors, will be held in Washington, D. C., May 5th. Dr. Conner will deliver an address on "the American Medical Journal (of St. Louis?) of the future as indicated by the American Medical Journals of the past."——— *We are asked to notice* a statement received of the various subjects together with the men who present and discuss them, before the Section of the Practice of Medicine, at the meeting of the American Medical Association, which is to be held at Washington, D. C., on May 5th, 6th, 7th and 8th. The programme is certainly an attractive one, and the list of gentlemen who have promised to participate includes many who are eminent, as physicians and authors.

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Sanitary and Medical Analysis.—Hygienic Research.—Forenic Examinations.
——EXPERT TESTIMONY AND INVESTIGATION.——
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(CORRESPONDENCE INVITED.)

Gelatin-Coated Pills.

We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to essay Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

2. The Preparation of the Pill Mass.

Our appliances for the preparation of the pill-mass ensures the most perfect distribution of its constituents. Being conducted by means of mixing pans and rollers run by machinery, this part of the process of manufacture is infinitely superior in its results to anything that could be done by hand.

3. Methods of Manufacture.

Our pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

4. Strict Conformity to Formula.

We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

5. Permanent Softness and Solubility of the Pill Mass.

In this important feature our long and extensive experience has enabled us to achieve results which are probably attained by no other manufacturer. The excipient is adapted in each instance to the nature of the ingredients, no uniform excipient being employed, as is the usual custom.

6. Preservation of the Drug.

A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our pills the nature of the excipient and the coating, is strongly preservative of the ingredients. As a test we invite an examination of our phosphorus pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

7. Solubility of the Coating.

We employ only the best quality of gelatin and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our pills will be found to dissolve as readily as gelatine itself, under parallel circumstances.

Having thus indicated the special features of our pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatin-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

Parke, Davis & Co.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Urinary Test Papers.

A set of chemical reagents which can be carried in the vest pocket, and comprehending tests for all the important morbid conditions of the urine, is something which may in truth be said to supply a want long felt by the physician. Such a set of reagents we offer in these test papers. Slips of bibulous paper are charged with the several reagents and these are neatly arranged in the case with full directions for use. The reagents include:

1. Litmus paper (neutral).
2. Copper test for sugar, practically the same as Fehling's solution.
3. Picric acid, employed in connection with sodium carbonate as a test for sugar; in connection with citric acid it is an extremely delicate indication for albumen.
4. Sodium carbonate, used as just mentioned.
5. Citric acid, employed in testing for albumen in connection with the three following reagents:
6. Potassium ferrocyanide.
7. Potassio-mercuric iodide.
8. Sodium tungstate.

Finally the citric acid paper may be used in connection with common salt as a reagent of extraordinary delicacy in testing for albumen. As an additional test for sugar, the physician may use, from his pocket medicine case, a little sub-nitrate or sub-carbonate of bismuth, in connection with sodium carbonate. For albumen, he will of course always employ the test by heat, in addition to the precipitation tests.

Thus he will be provided with the means of making in the sick-room a very complete examination, for clinical purposes, of any specimen of urine suspected to be abnormal. The idea of these bedside tests originated with Dr. G. Oliver, of Harrowgate, Eng. Dr. C. W. Purdy, in an article in the *Journal of the American Medical Association* (Jan. 19, 1884), mentions especially the sodium tungstate and potassio-mercuric iodide as valuable additions to our list of urinary reagents, and recommends the test papers as of great value in enabling the physician to make preliminary tests at the bedside of the patient.

These Urinary Test Papers are put up in convenient vest-pocket cases, containing a supply of the above reagents with directions for their use at the bedside of the patient. PRICE PER CASE.....50 cts.

PARKE, DAVIS & CO.,

Manufacturing Chemists, DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Ridge's Food FOR Infants AND Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York*. The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best"; and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞ *PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

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Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

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MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

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MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

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MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

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MELLIN'S FOOD is the best food for insufficiently fed nursing infants.

MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

DOLIBER, GOODALE & CO.,

41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil.....80 m. (drops.)	Soda.....1-3 grains.
Distilled Water.....35 "	Boric Acid.....1-4 "
Soluble Pancreatin..... 5 grains.	Hyocholic Acid.....1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,
HYDROLEINE,
WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

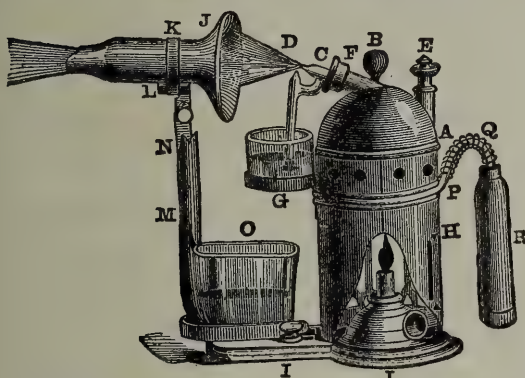
To brain-workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

KIDDER & LAIRD, Agents for the United States,

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CODMAN & SHURTLEFF'S
ATOMIZING APPARATUSES.
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THE COMPLETE STEAM ATOMIZER.
(Patented.)

All joints of boiler are hard-soldered.

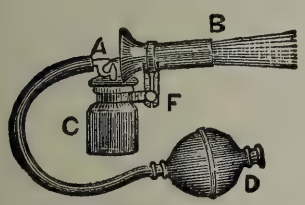
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It cannot be injured by exhaustion of water, or any attainable pressure, and it will last for many years.

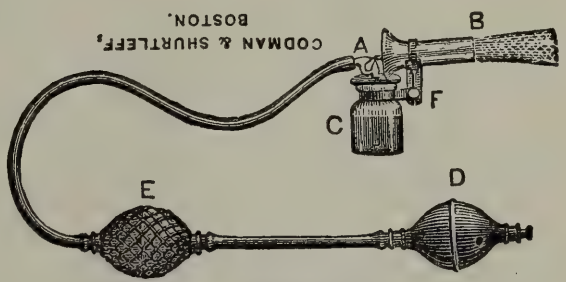
It does not throw spurts of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price $5.00. Postage 57 cents.

Brass parts, nickel-plated, additional, $2.00.

Neatly made, strong Black Walnut Box, with convenient Handle, additional, $2.50. Postage 44 cents.



CODMAN & SHURTLEFF,
BOSTON.
THE BOSTON ATOMIZER.
(Patented.)



(SHURTLEFF'S ATOMIZING APPARATUS.
Patented.)

The most desirable Hand Apparatuses. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Prices see below.

The Bulbs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect. Also

Antiseptic Atomizers, very complete and thorough		$12.00, $15,00. $25.00
Atomizer by Compressed Air, with regulating self-acting cut-off		45.00
Shurtleff's Atomizer, see cut	Postage 24 cents	3.50
Dr. Clarke's Atomizer	" 20 cents	3.00
The Constant Atomizer	" 20 cents	3.00
Dr. Knight's Atomizer	" 12 cents	2.00
The Boston Atomizer, see cut	" 16 cents	2.50
Atomizing Tubes in great variety		25 cents to 15.00

For full description see NEW PAMPHLET on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American practitioner, together with descriptions of the best forms of apparatus, which will be sent post-paid, on application.

Plaster Bandages and Bandage Machines, Articles of Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, etc. Electrical Instruments for all Medical and Surgical Uses, Hypodermic Syringes, Ice and Hot-Water Bags, Manikins, Models, Skeletons, Skulls, etc., etc. Naturalists' Instruments, Sphymographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber Urinals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, etc., etc.

Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception, they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

SEE OUR OTHER ADVERTISEMENTS IN SUCCESSIVE NUMBERS THIS JOURNAL.

NEW ILLUSTRATED CATALOGUE POST-PAID ON APPLICATION,

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

13 and 15 TREMONT STREET, - BOSTON, MASS.

☞ In corresponding with Advertisers, please be sure and mention this Journal.

REED & CARNRICK'S

BEEF PEPTONOIDS

COMPOSED OF THE NUTRITIOUS CONSTITUENTS OF

Beef, Wheat and Milk,

FORMS IN ITSELF A PERFECT FOOD.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It is partially prepared for assimilation, and, therefore, makes but little demand upon the digestive powers of the gastric juice.

4th. Being in the form of a dry powder, it will keep in any climate.

5th. It contains over 90 per cent. of nutritious matter.

6th. It contains twenty-five times more nutritive matter than Liebig's Extract of Beef or similar productions.

7th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

8th. Beef tea and similar preparations to Liebig's contain but little else than the osmazone and stimulating properties of the beef, and are, therefore, almost valueless as constructives.

9th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

10th. It has the advantage of being easily and quickly prepared for use.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rhenish Prussia, Bonn, in a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing powers of various natural and artificial foods for infants and invalids, gives the following results as far as concerns their nitrogenous nutritive constituents:

Beef Peptonoids.....70%

Per Cent.	Per Cent.	Per Cent.
"Caviar.....25.81	"Fowl (breast).....16.56	"White Bread..... 7.20
"Revalenta.....19.93	"White of Egg.....13.48	"Biscuit..... 6.71
"Smoked Ham.....18.93	"Yolk " 13.01	"Oysters..... 5.78
"Fresh Beef.....18.53	"Infants'Food..... 9.90	"Cows' Milk..... 4.00
"Extractum Carnis (Liebig's Beef).....		3.40

"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—*New York Medical Times.*

According to Dr. Stutzer's valuation of beef tea, a patient would be obliged to consume eighty pints of that deceptive liquid (prepared from eighty pounds of steak), before he could obtain the flesh-forming constituents present in one pound of **Beef Peptonoids.**

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 Fulton St., New York.

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MALTINE.

(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—"'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M.D., F.C.S., University, Mich.:

Jan. 7, 1884.—"'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M.D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesscs donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

THE MALTINE MANUFACTURING CO.,

JOHN CARNRICK, President, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injuries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80½ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mou h; for three months prior to taking Liquid Food she had nad monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine.* Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

JOSEPH ADOLPHUS, M. D.

THE GEORGIA ECLECTIC MEDICAL JOURNAL.

The only Eclectic Journal in the South. Thoroughly practical, liberal, and progressive, and published in the interests of Southern Eclecticism, monthly, by S. T. Biggers, M. D., and Wm. M Durham, M. D.

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ANGLO-SWISS MILK FOOD.

Made at Cham, Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND



TRADE MARK.

PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

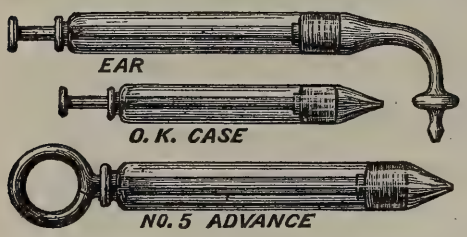
"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

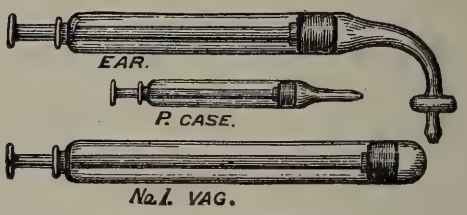
"We find that it agrees with each case."—M. SPENCER, Matron Philadelphia Infant's Home.

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Each and every syringe has on it my Red Label, with name and address.
ALL OTHERS ARE WORTHLESS IMITATIONS.

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THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness. Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat. **FREE**

PRICE, $7.00 PER BARREL.

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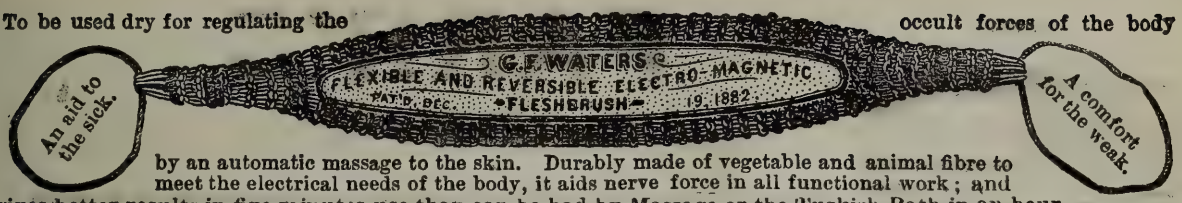
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To be used dry for regulating the occult forces of the body



by an automatic massage to the skin. Durably made of vegetable and animal fibre to meet the electrical needs of the body, it aids nerve force in all functional work; and gives better results in five minutes use than can be had by Massage or the Turkish Bath in an hour.

J. B. M., a Boston printer, after two months use, said:—"Your brush is going to make my fortune. It will save me $50 a year in bath tickets, and *more than fifty hours time.* My skin is cleaner and I feel better than when I took the baths once a week."

Miss E. J., a Boston school teacher, supposed to be in the last stages of tuberculosis when she began, August 1st, 1883, the use of this flesh brush, after two months experience, wrote:—"I am using your brush twice a day. I am sure it is doing me good. My skin is in splendid condition. I feel well, and am increasing my avoirdupois," After four months more experience from its use she said:—"I like it very much indeed, I feel perfectly well, and I am heavier now than I have ever been. I would not be without it for anything. I would rather buy one every year. I've not had a cough nor a cold since I began to use it."

Wm. H. W., M. D., Dorchester, Mass., after four months use in a "trying time of the year," said:—"It's a good thing, I have not been so free from rheumatism for years as since I have been using it. I had previously tried all the various remedies, including massage, without any amelioration of the trouble."

The Brush is seven times larger than the cut. It is sent by mail on receipt of ***$3.00***, or two for ***$5.00***, with special directions for use. Worth more to anyone than the price of the Brush.

For Brush or special terms, apply to

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Made of soft India-Rubber, *without Lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The best Pessary ever invented. So say thousands of Physicians from Canada to Texas. ☞ Send for Pamphlet. Price to Physicians, $4.00.

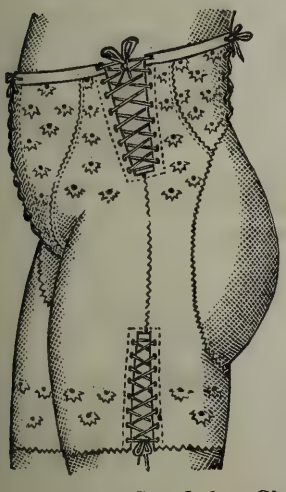
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The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, ***GILLIFORD'S SOLUTION***, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. M'f'd and sold by R. H. GILLIFORD, M. D., Allegheny, Pa. In half-pint bottles, ***$1*** per bottle, exp'd, on receipt of price.

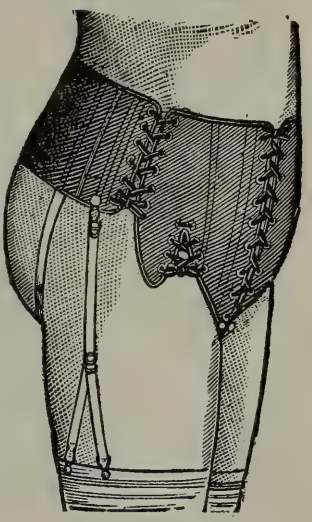
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A REVERSE CORSET for preventing and overcoming Uterine Disease. Pre-eminently useful during Pregnancy. Especially adapted to treatment of Functional Derangement. It affords IMMEDIATE SATISFACTION. Heat and Pain throughout the region of the back and pelvis, "fulness and dragging down," prolapsed bowels, ovarian weakness, troubles of the Bladder and attendant reflex troubles of Heart, Brain, Stomach and Liver, are relieved by its APPLICATION. Every one made to order, from glove kid and calf, and are very elegant. In measuring, give EXACT size (under all clothing) of Waist; Abdomen at Umbilicus; Hips, largest part; Thigh; and length from Waist to Pubes.

Measurement must be accurate to insure perfect fit.

Retail Paice, with leggings, $15; to Physicians, $10;
Without leggings, $12; to Physicians, $8.



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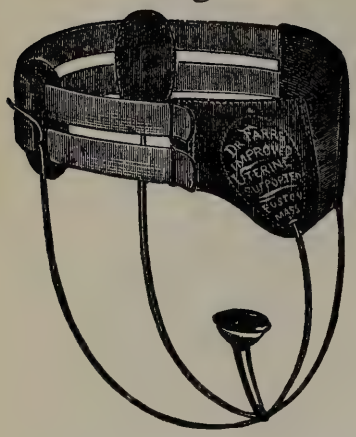
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Unrivalled in treatment and cure of all forms of Hernia.

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Fig1.



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Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups, Nos. 1, 2 and 3. Two length Stems, 2¾ and 3 inch.

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Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1.	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00

Fig2.





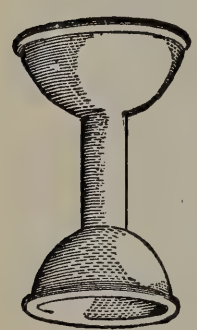
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, 2¼-inch outside diameter.
No. 4, 2½-inch outside diameter.
No. 5, 2¾-inch outside diameter.
No. 6, 3-inch outside diameter.
No. 7, 3¼-inch outside diameter.

Price, to Physicians, 50 cents each, or $5.00 per dozen.

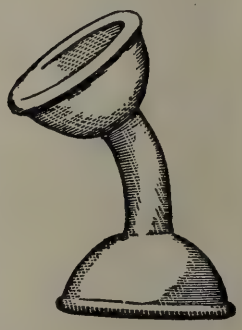


Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

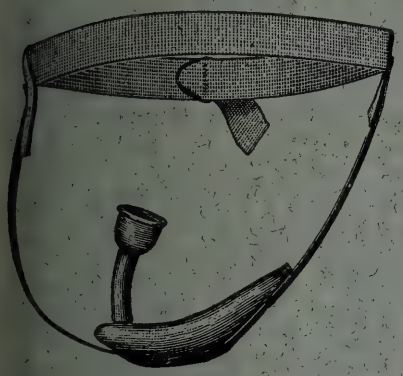
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These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

I make three sizes of cups, viz.:—Small, 1 1 2 inches; Medium, 1 3-4 inches; Large, 2 inches. Three lengths stem, Short, Medium and Long. Price to Physicians, $2.00 each.

FIG. 1.



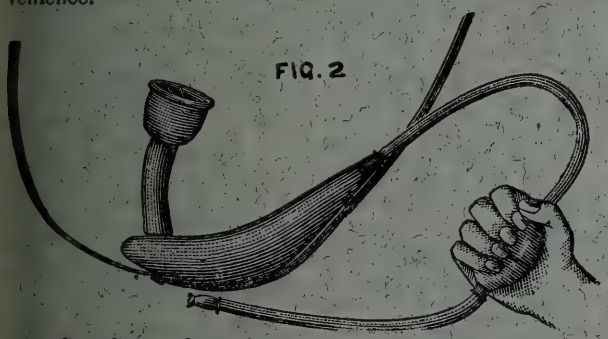
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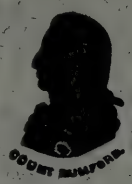
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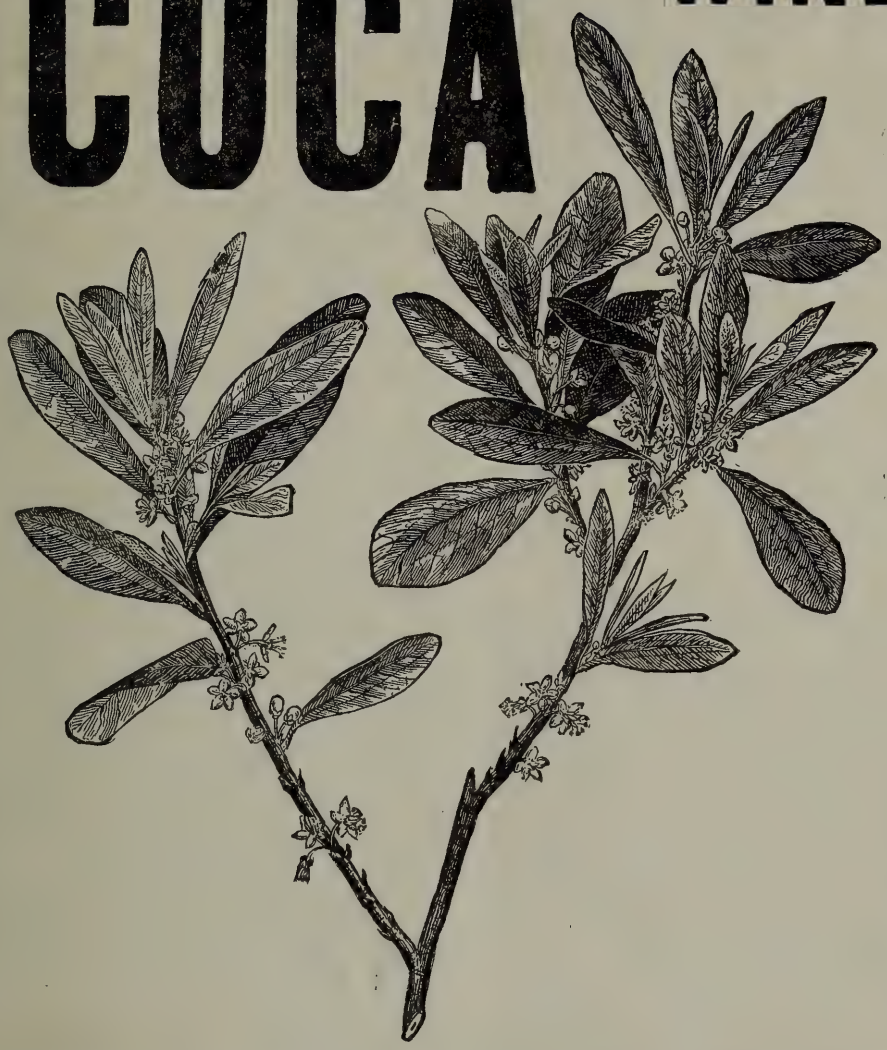
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I am prescribing Tongaline with satisfactory results For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.
PARK RITCHIE, M. D.

Raleigh, Ind., July 13, 1883.
I have given TONGALINE a thorough trial in seven cases of neuralgia, as follows: Three supsr-orbital, one inter-costal, two of the ulnar, and one of facial nerve. Secured relief in from one to four hours, with drachm doses every hour, in all except one case of super-orbital neuralgia.
W. A. JOHNSON, M. D.

Fairmount, Neb., July 13, 1883.
I have used TONGALINE with satisfactory results, and can recommend it to the profession as a valuable remedial agent in neuralgia and chronic rheumatism.
G. W. JOHNSON, M. D.

Detroit, July 12, 1883.
I have tried TONGALINE in two cases of irregularly recurrent facial neuralgia, and with excellent results; it controls the immediate attack in a few hours, two or three at the outside, and often giving almost immediate relief.
F. W. OWEN, M. D.

Pueblo, Col. Nov. 18, 1883.
I am very much pleased with the results of your "Liq. Tongaline." Have frequently prescribed it with enlire satisfaction, and and it is very popular with the profession here.
J. R. GARBER, M. D.

Monroeville, Ohio, July 12, 1883.
Your preparation of TONGALINE has given me better satisfaction in the treatment of neuralgic affections than anything else I have ever used. Have used Tonga alone repeatedly without success.
CHAS. D. SHUMWAY, M. D.

Louisville, Ky., June 12, 1883.
I havs used TONGALINE during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.
T. S. BELL, M. D.

St. Louis, July 20, 1883.
I have found TONGALINE a useful combination in rheumatic neuralgia.
C. H. HUGHES, M. D.

St. Louis, Nov. 17. 1883.
I am glad to inform you that the formula for your preparation, TONGALINE, is a very excellent one. I have had occasion to prescribe it in several cases of rheumatic-neuralgic affections of long standing, which had seemingly resisted other remedies, and in some of them Tongaline has produced most exeilent results.
T. GRISWOLD COMSTOCK, A.M., M. D.

Cleveland, Ohio, July 30, 1883.
I have used your preparation TONGALINE extensively, and have been well satisfied with its results. You are to be congratulated upon the value of the article you offer physicians.
REUBEN A. VANCE, M.D

Baltimore, Oct. 31, 1883.
It gives me pleasure to state that I have had some very fine results from the administration of TONGALINE, also hear of the same good news from other hands.
J. J. CALDWELL, M. D.

Indianapolis, Nov. 17, 1883.
I have used TONGALINE in six different cases, three facial neuralgia, one neuralgia of the heart, and one chronic rheumatism; secured relief in each case and also in one of the most obstinate cases, where other remedies had failed.
O. B. PETTIJOHN. M. D.

Frankfort, Ky., Nov. 22, 1883.
I have prescribed your TONGALINE very frequently. It has done all and even more than I hoped to be able to do with it.
S. F. SMITH, M. D.

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

*NERVE STIMULANTS.**

BY H. G. NEWTON, M. D., BOSTON.

As all stimulants produce their effects on the nerve or brain tissue, it is hardly proper to speak of nerve stimulants,—the fact that an agent is a stimulant implying that it is one of this class. I have, however, chosen this term partly to follow usage, and partly to keep in the mind of both writer and reader certain points which I hope, more or less clearly and concisely, to impress upon the memory.

On this subject there seems to me to be more perplexity, obscurity, and I might almost say, empiricism, than on almost any other in the whole range of medicine, and this, it is to be feared, will continue for years to come. If, however, each will bring to bear his best thought and ripest experience, divesting his mind of prejudice, cherished habits, and thoughtless preferences, much light may be thrown upon the subject. It is well known that we are influenced in many things by our appetites, habits and environments, rather than our candid convictions of what is true.

This is true not only of the ignorant, but of the learned and cultured. I have met with many who, ranking high in scientific attainment, would as earnestly contend for some hobby as would

*Read before the Massachusetts Eclectic Medical Society.

the ignorant devotee who had not, in the language of Professor Gabbert, "sense enough to connect ideas," contend for the object of his devotion. I heard a popular speaker in the sacred desk say, that he would rather continue to cherish the faith for which he was contending, even if he knew it to be false, than to embrace the converse if he knew that to be true.

Now physicians are very much like the common people from whose ranks they are yearly recruited, and are therefore subject to like tastes and influences, which tend to warp their judgment even against scientific truth. But in the consideration of one question at least, will you step with me up into the high and holy temple of truth leaving all that is not leal to this noble quality without its portals?

I will lay down as my *First* proposition, then, that in perfect health there is a sufficient amount of nerve force generated from the ample sources and resources of nature, good food, good water, pure air, etc., to stimulate to action each organ, muscle or mental faculty to a normal standard, this standard being commensurate with the peculiar make up of each human organism.

Second. That in civilized society, with all its excitement and unnatural requirements as it now exists, we find a much more limited number of people in the enjoyment of perfect health than we might at first thought imagine. There are no statistics by which we can determine this with any degree of accuracy, but taking the death rate at about twenty in a thousand each year in this community, it is fair to assume that there are at least twenty known attacks of disease where there is one death, making four hundred; and, at least as many more who have some lurking morbid condition, either mental or physical, latent or sentient, thus leaving those in perfect health at not more than 15 or 20 per cent. of our population. I think, however startling the proposition, that if the truth could be known, we should find the number in the constant enjoyment of uninterrupted and perfect health to be less than five per cent.

Third. That in a large proportion of this invalid class there is not sufficient nerve force generated to supply in proper quantity each organ, tissue or mental faculty, or the whole collectively, or what may be necessary in order that each or all may successfully

and properly move or act, and this may be because sufficient food is not craved nor eaten, or because of insufficient digestion or assimilation.

Fourth. That in the healthful class no medicines should ever be administered, only wholesome food, pure air and water, with such mental food as is best adapted to each organization, *i. e.*, such moral and social environments as would give tone to the mind, elevate the tastes, and increase the happiness of each, this latter being as important to the full development and building up of the man as the food, air and water, in order that each person shall realize all the high possibilities of his nature, mental, physical and moral.

Fifth. That in the invalid class, great as it is, there is but a small percentage of persons that are on the whole truly benefited by medicines of any kind, and a still smaller proportion by the use or administratibn of stimulants, even in a carefully considered and in a judiciously prescribed quantity, however much they may seem to be at the time of administration.

Sixth. That a still smaller number are benefited by alcohol and tobacco, especially when the toxic and deleterious effects of these drugs is subtracted from the good,—a process which should be brought to bear, in the determination whether to use, or not to select for use, any remedial agent. I speak of these two agents because of the magnitude of the place they occupy in this group, —being used for stimulation no doubt nineteen times where all others are used once, whether by physicians or laymen.

I am now brought to a point where it might seem proper to speak of or enumerate the different agents that would come under the class denominated stimulants, or rather nerve stimulants, bearing in mind the subject I have chosen, and it is perhaps more important to use this term, to avoid confusion, as many other classes of medicines might, in a certain sense, be termed stimulants. Thus a cathartic stimulates a part or the whole of the alimentary canal to excessive action, an emetic the stomach to a refluent action, an expectorant has such an effect on the air passages, while a diuretic stimulates the kidneys. There are many agents in which other medical properties so far predominate as to carry them into other classes, and yet they

have a stimulating effect more or less marked,—indeed there are very few entirely destitute of this property, so that when we look at the matter in its true light, it is very difficult to draw the line, there being no medicine that may be called a pure stimulant, and few if any entirely destitute of this property. You all know as well as I, the name and nature of each article that is usually classed in this category, and it is therefore needless for me to rehearse the list or to give descriptions with which you are all more or less familiar.

What I wish to consider most, is whether much or anything is gained by the administration of stimulants, whether the rage—I might almost call it—for the stimulating course of treatment is permanently beneficial to the patient or not. There was a time when the antiphlogistic treatment was in vogue, and there is no doubt that it was less successful than the present mode, but then that style was loaded down with the deleterious or lethal effects of mercury, antimony, arsenic and profuse venesection, and many other crudities which have now become obsolete among all enlightened physicians, but that is no reason why we should swing pendulum-like to the opposite side and adopt another extreme quite as fallacious.

Nature should be interfered with in her movements as little as possible, whether in health or disease, for it should always be borne in mind that when by any course the action of any organ or mental faculty is stimulated above a normal condition, a corresponding depression must necessarily follow—action and re-action being equal. Can there then be much advantage permanently gained by this unnatural course, which we have for many years been pursuing?

Admitting that it is an improvement on the antiphlogistic method, does not prove that it is as near to a rational or perfect mode as we wish in our best periods of thought to attain to. In our haste to assist the patient out of the valley of the shadow of disease, let us not over-do our duty and thus leave him in all or in part in a worse condition than he was previous to the attack from which he sought to be relieved. While I thoroughly believe that with remedies properly prescribed and administered, much may be done to alleviate suffering and to restore patients

who are diseased to a more complete state of health, and that such a course is far preferable to an expectant plan such as is practically pursued by our ultra homœopathic friends, with whom time does not seem to be an object, yet I am as firmly convinced that the over-stimulation, now so common, is as absurd and reprehensible as the other, and deserves as great condemnation.

In one particular the antiphlogistic method had much in its favor, for it never left the patient with an acquired appetite which was thenceforth to be his despotic master; it never degraded him to the condition of a vassal, where he should be the noblest sample of Nature's productions, a man; it never tore the laurel from virtue's brow, and planted the ivy there to be a source of torment in all that black and dreary night of years through which with bleeding feet and sad, aching heart the victim of our blunders must tread his weary pathway to a drunkard's grave—in which will be buried not alone the noble manly qualities, high aspirations and grand possibilities that graced and adorned the May morning of his life, but with these the murdered loves and fond, ardent hopes now blighted that might have blossomed into a beautiful garden of fruition, making glad and buoyant many hearts that must in all the dreary, sad days and months go dimly sorrowing in the almost rayless darkness of a lonely, blasted life.

We should look at this matter not with reference to the case that we have at any time under treatment, but as to the effect that we might reasonably expect to follow ultimately in the family, and in society of which we cannot help being each, in a certain sense, the custodian, and which it is our duty as well as our interest and pleasure to elevate to the highest point of purity and excellence; and in the selections and use of nerve stimulants in the many cases where we may deem it necessary, we should always bear in mind this liability to implant or awaken to growth an appetite, which by its despotic sway may plague all parties concerned more than any disease with which the patient was ever afflicted, or to the management of which the physician was ever called.

I cannot forbear alluding to one of many cases such as I refer to with which I became painfully familiar, and which illustrates as plainly as any the point under consideration.

Mr. J. S., was a prosperous merchant in one of our large towns; a large owner in several whaling vessels, of which he was the agent. His fame and family were so high, that when he married, his bride was the envy of all her female acquaintances. She informed me that after several years of happy married life, he wae so unfortunate as to have a severe attack of dysentery, while they were on a visit to New Hampshire. During the later stages of the disease, the physician, a man of skill and reputation, prescribed brandy to be taken three times a day, and to be continued until the patient should be well, which in this case was over three months. At the expiration of that time it seemed next to impossible to discontinue its use, and an appetite had been created that was the master instead of the servant, and the once noble man became a helpless inebriate, soon failing in business, and bringing ruin and disgrace upon the happy, loving circle with which he was once so happily connected, and all this as the result of the prescription of a well meaning but injudicious physician. It made, as many a similar case had, a deep and lasting impression on my mind and heart.

If calling your attention to this shall recall to your minds cases, where you or other good medical men have carelessly and thoughtlessly been the means of the evolution of an appetite so hostile and destructive to all that was sacred, noble and beautiful in some fellow man, and shall thus awaken or enliven in you, and in myself with you, a more tender and careful regard for the welfare of our patrons in this respect, so that in the use of nerve stimulants we shall ever guard against the abuse of the same, and use our influence to this end in life, I shall have the happy consciousness of having not made this humble and feeble effort in vain. We often contemplate and consider the cause of the sad fall of Rome and other nations of antiquity, and wonder how we can prevent or avoid such a fate for our own beloved land. No better way can be found than to study such lessons as these that we meet in the experience of daily life. Every man is the epitome of a nation, and in studying each individual we shall be convinced that

> **"Earth has more dreadful ruins—**
> **One lost mind, whose star is quenched**
> **Hath greater lessons for mankind,**
> **Than fallen tower or prostrate dome,**
> **Mingling its ashes with the dust of Rome."**

THE RUBBER BANDAGE IN THE TREATMENT OF DISEASES OF THE TESTICLES.

BY A. J. MARSTON, M. D., WORCESTER, MASS.

In the treatment of enlarged testicles, from whatever cause, the practice of applying support and pressure to the organs is undoubtedly a sound one, and one that is fully agreed upon by the profession, at present. The object of this brief article is to suggest, if I may, a better mode of applying this pressure and support than is at present resorted to; I refer, of course, to the plaster strapping, the objections against which are numerous; First, it is a *nasty* operation for both doctor and patient; Second, it is a difficult matter to apply the plaster uniformly and neatly—and to be of use it *must* be done nicely; Third, the strapping loosens very quickly, and, to be of service, must be re-applied frequently, which all know to be a very tedious process and one that tries the temper of the patient as well as the patience of the surgeon. I think all will agree with me that these are real and not fanciful objections. The essential point of the method which I employ to obviate these is to apply a steady, equable compressing force, and one which will also admit of easy regulation as regards the *amount* of compression.

But before going into detail as to the method I make use of, permit me to first mention another means for applying pressure to enlarged testicles, suggested by an English surgeon, which, although it offers advantages over the plaster strapping, is not, I contend, free itself from objections. In an article in a recent issue of the *London Lancet*, J. L. Corbet, M. D., recommends, in the treatment of enlarged testicles, an elastic casing for the testicle. I quote his own words: "I derived the idea from a homely source, nothing more or less than seeing the means employed for encasing a football, barring that instead of having the encasing material made of leather, I would have it made of India rubber, such as one sees in the construction of the balls in a spray producer. The case, I would recommend, should be made of different sizes and thicknesses, oval in shape. The means of tightening the cases and applying the pressure would be by lacing. There should be an opening at the neck of the case to allow the passage of the cord. This opening would be

surrounded by a ring (interrupted) of leaden wire, to ensure its patency and to prevent pressure on the structures of the cord. The leaden wire ring being interrupted, its softness would offer no obstacle to its easy adjustment around the neck of the enlarged gland. With a supply of the cases which I have attempted to describe above, the treatment of an enlarged testicle would offer but little difficulty; it would simply mean the selection of a rubber case of the right size and thickness, and capable when laced up of exercising a steady pressure on the enlarged organ, and applying the case to the testicle and lacing it up. If considered necessary, the testicle could first be enveloped in a thin layer of cotton wool; this would prevent any possibility of the skin being nipped or chafed by the lacing. As the gland reduces in size a smaller case would be applied, and thus a steady pressure kept up uutil a cure is effected."

Objections to this ingenious method can readily be found. First, to suit all cases, the surgeon must be supplied with a large number of different sizes and thicknesses. Second, it is comparatively an expensive apparatus, as perhaps two, three, or four different sized cases may have to be used on the same patient as the testicle is reduced in size to its natural condition. Third, the leaden ring, recommended, must chafe more or less, as it comes in contact with the over sensitive cord.

My method is simplicity itself, and one that has proved highly successful. Take a thin strip of pure rubber, three-fourths of an inch wide by two feet long, roll it up, and, grasping the scrotum, including the enlarged testicle close to the body, in the left hand, commence to wind the bandage with the right, from that point down over the testicle, sufficiently tight to keep the rubber on a constant stretch, then back over the ground to the starting point, and secure the end by tying with a tape. After this has been done, it is well to support the whole affair by a suspensory bandage.

The advantages this method has over those named, are: First, one size bandage suits all cases. Second, it is easily and quickly applied. Third, it can be re-applied as often as necessary, and by the *patient* after the first application. Fourth, it will not chafe or nip the skin. Fifth, it is cheap.

In the treatment of orchitis attending gonorrhœa, I have had occasion to use this bandage, and always with good results. In these cases I have the patient wear the bandage during the day or when he is travelling about, and remove it on retiring, when I have the testicles supported by the ordinary suspensory bandage.

Some years since, I presented a paper to the State Society on "The Uses of the Rubber Bandage," in which I mentioned the happy results obtained by its use in the treatment of varicocele, and at the same time suggested that it might prove of value in the treatment of hydrocele. Since that time opportunities have occurred to make a trial of this article in the last named disease, and to repeat its use in the former. Experience in its action has not changed the good opinion formed at that time. In cases of varicocele, where operative measures seem to be impracticable, the rubber bandage still offers a chance of cure.

The method of application is the same as in the diseases before mentioned; the constant pressure by the use of the rubber must be persisted in until the enlarged veins have regained their lost tonicity. In obstinate cases an injection into the tumor of ergot will assist much in a radical cure; in which case the rubber strapping will prevent orchitis or any of the dangerous effects incident to such procedures. In hydrocele the treatment is the same, after the fluid is withdrawn. To ensure a perfect cure, inject a solution of iodine or other irritant before applying the bandage. This method we have tried in several cases and with success. It causes no pain or inconvenience to the patient, but rather relieves him at once of the feeling of weight caused by the abnormal accumulation in the scrotum.

I feel confident that a trial of this method of treating enlarged testes will convince anyone of its great simplicity and value.

HOW TO SECURE GOOD DENTAL ORGANS AND PREVENT THEIR DECAY.

BY H. E. DENNETT, D. D. S., BOSTON, MASS.

In the discharge of their duties, physicians and dentists are often asked by their patients, "What must I do to prevent my teeth from decaying?" The answer should be, "Correct your diet."

That is, eat such food and only such as contains all of its natural elements. If we eat the products of the grain we must eat them as furnished by nature with all their elements. If we eat meat we should also eat bones or our systems will suffer from a violation of one of Nature's unerring laws. It is conceded that dental decay is the dissolving away of the lime salts by vitiated secretions. This is not due, so much, to a want of cleanliness of the mouth as is commonly supposed, for it is not true that "a clean tooth never decays." One may devote twelve hours out of the twenty-four to the ablution of the mouth and fail to prevent decay of the teeth, so long as Nature's dietetic laws are violated. Dental development in man is discernible as early as the seventh week of intra-uterine life, hence the importance of a strictly correct diet from the start, if mothers wish to give birth to children who may have perfectly formed teeth, and perfect health includes a perfect set of teeth, for they are little indicators denoting the condition of the system just as a thermometer indicates thermal changes. A mother who passes through the periods of gestation and lactation without a sufficient amount of bone and tooth material in her food will suffer from loss of teeth, neuralgia, rheumatism and other diseases which result from an impoverished state of a system drained to the utmost. The lime from her teeth will be dissolved, taken into the circulation and appropriated by the offspring.

Excepting *civilized* man all flesh eating animals take as much of the bone with the flesh they eat as they can break with their teeth sufficiently fine to swallow. Place before a tribe of Indians everything the earth produces in the shape of food and they will eat only animal food so long as that lasts; but put them on a reservation and feed them as civilized people feed themselves, and they too soon suffer from decay of the teeth. Take from carnivorous animals their supply of bone which Nature furnishes with the flesh, and decay of the teeth is sure to follow.

Several years ago the lions in the Zoological Gardens of London were fed upon the thighs of horses. These, being large and hard, they were unable to break and eat, and as a consequence their young were born with cleft palates and died shortly after birth. They were afterwards fed upon deer and other small

animals, when their young were born with perfectly formed palates and lived.

Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding to them bone-meal. A dam too aristocratic to gnaw bones gave birth to successive litters of rickerty pups, but after being fed with food containing bone-meal she produced perfectly healthy ones by the same sire. Even our domestic herbivorous animals thrive better where bone is added to their bill of fare. The cow which every year gives birth to young, has an excessive drain upon her supply of bone material and craves bones to such an extent that she will try to masticate even very large ones, as every farmer's boy can testify.

Arguments in favor of eating bone to prevent decay of the teeth might be continued indefinitely; but, as "a word to the wise is sufficient," it seems only necessary to add that a long and continued experiment has been made upon a family with results which justify all claims made for it. The bones used were selected from perfectly healthy animals, none being accepted that bore the slightest blemish, carefully cured, finely granulated and incorporated into soups, gravies, bread, etc., in the proportion of from one to three spoonfuls to each pint of flour, gravy or soup. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food are as follows: Beef 26, pork 24, chicken 27, mutton 29, brain 20, blood 21, milk 7, bone 51.

20 Beacon Street.

THE SENSATIONS OF HANGING AS RELATED BY THOSE WHO HAVE BEEN HUNG.

BY ROBERT A. REID, M. D., NEWTON, MASS.

Some months since, there appeared in a popular magazine, an article entitled "Insanity, by one who has been insane." The object of this paper is to prove by the evidence of those who have been hung that the prevailing opinion that death by hanging is cruelly painful is an erroneous one when strangulation only is attempted. Morally I am strongly opposed to capital punishment, and entertaining, as I do, serious doubts as to the

right of man to destroy so sacred a thing as human life on any pretext whatever, could never agree to a verdict of "guilty" if death was to be the penalty, for I do not believe that capital punishment tends to diminish, or that its abolition leads to any appreciable increase of, the number of homicides. In the State of Maine, capital punishment was re-established about a year since, and within a month or so thereafter, four of the most atrocious murders the state has ever seen were committed, while Rome during a period of 250 years, Belgium since 1831, Holland since 1870, Michigan since 1847, Wisconsin since 1835, and several other states, have proved by their experience, that life and property are safer with no death penalty threatened or inflicted than in the neighboring countries or states which still inflict the death penalty. Nor can it be defended on the ground of expediency, for well conducted prisons do not become a burden upon the people as shown by the one at Albany, N. Y., which yearly returns upwards of $10,000 into the treasury of the state.

Whenever a criminal suffers the death penalty, the newspapers teem with sensational accounts headed with agonizing phrases in heavy type, of the terrible sufferings which the unfortunate wretch has undergone, while the executioner, if he has failed to fracture or dislocate the neck of his victim, is held up to public execration as a bungler, and is accused of having caused much needless suffering. These graphic accounts do harm in more ways than one, for they not only "harrow up" the feelings of tender hearted people and excite much undeserved sympathy, but lead to a familiarity with crime which tends to degrade and brutalize.

Various methods have been devised for carrying into effect the sentence to be "hanged by the neck until he is dead." The one which was used when hanging was first adopted was simple strangulation. The condemned malefactor was placed beneath a tree with a noose around his neck, and the rope being passed over a limb, he was hoisted into the air and left suspended until life was extinct. The sentences of "Judge Lynch" are generally carried into effect in this way. The same end has been accomplished by standing the criminal on the rung of a ladder, from which, at a given signal, he was pushed off by the executioner, or

he was made to stand erect in a cart beneath the gallows, and at the critical moment the vehicle was driven away, leaving him suspended. Major Andre suffered death after the latter method, and in the American army whenever hanging has been substituted for shooting, it has been carried out in this way. In oriental countries the same end has been attained by the bow string, the victim's neck being placed within a loop made in the string of a strong bow, the spring of which acted upon the cord, and caused constriction of the neck.

The general belief being that death by strangulation is very painful, much study and ingenuity have been devoted to the search for some other means of executing the death sentence which shall be less so, and prominent among those who have given thought to the matter is a clergyman—Rev. J. Houghton. He proposed a system of counter-weights combined with a fall, whereby the neck of the victim was to be broken, but at its very first trial the head of the man was literally torn from the body. The popular impression seems to be, that if the cervical vertebræ be fractured or dislocated, instantaneous death follows, and beyond doubt this is true when the second cervical vertebra is dislocated and the odontoid process presses upon the spinal cord, but I am led to believe that this is neither necessary to secure a speedy and painless death, nor desirable, for the efforts to attain this often lead to imperfections in securing rapid and perfect strangulation, which I think it must be admitted is totally painless, and furthermore it is to be remembered that dislocations of the neck have taken place and yet the patients have recovered. An Englishman, whose name I do not now recall, being curious to know the sensations of hanging, placed a noose about his neck and swung himself off from a chair, supposing he could regain it at will. This, of course, he was unable to do, and was only saved by the timely arrival of a friend. When he recovered consciousness he protested that he had suffered no pain whatever, but at first saw, as it seemed to him, fire burning. Then came a blackness perfectly indescribable, and this was succeeded by a beautiful pale blue or sea-green color. Marshall Turrenne spared a criminal after the rope had broken. The man declared that all sensation ceased almost instantly after suspension, and a

vivid light beautiful beyond all expression seemed to fill all space. Fleischman stated as the result of experiments upon himself, some of which were continued two minutes or more, that he felt only a sense of great weight, which was speedily followed by a feeling of complete abolition of all sensation.

In the year 1880, in Austria, a convict was resuscitated by electricity, after he had been cut down from the gallows. He declared that he fully remembered all that had occurred, and that he had suffered absolutely no pain whatever. Taylor, in his admirable work, says; "Death from hanging appears to take place very rapidly, and without causing any suffering to the person. It is observed, that in those who are criminally executed, there are violent convulsions of the limbs and trunk. There is no reason however to believe that the individual suffers pain any more than in the convulsion of an epileptic fit."

Tardieu, an eminent French authority, gives his opinion based on the evidence of large numbers of persons who had made unsuccessful attempts at suicide by hanging, that "at the moment that the body hanging by the rope is left to its own weight, a great degree of heat is felt in the head, loud noises of a musical character are heard, the limbs seem to have acquired an extraordinary weight, and then all sensation is abolished. Sometimes, however, from the first instant, the individual experiences no feeling of any kind, as many of those who have been resuscitated have declared in the most positive manner. I think this is more frequently the case than is ordinarily believed. In such cases there is immediate syncope. I have never had the least evidence to show that the opinion generally entertained is correct, that during the first moments of hanging there are voluptuous sensations. Then the second stage, which is marked by convulsions, begins. The spasmodic contractions of the muscles of the face, the contractions of the pupils, and the contortions of the eyeballs give to the countenance a horrible expression. It is to hide this that in those countries in which hanging is still in use as a punishment, the 'black cap' is drawn over the face."

He also expresses the belief that death certainly takes place within ten minutes. Taylor thinks that after five minutes, resuscitation is possible. Obviously the duration of life depends

much upon the care taken in adjusting the noose, so as not only to compress the vessels but to abruptly cut off the entrance of air into the lungs. Those allèged cases where recovery is said to have taken place after a suspension of half an hour, are regarded by the best authorities as resting on insufficient evidence.

If capital punishment must be enforced, let it be done in as merciful a manner as possible, and that unquestionably is by strangulation, for I fully believe that if this be accomplished without any attempt at dislocating the neck, the execution will be effectually, speedily and mercifully performed, and the condemned will undergo no physical or mental suffering from the instant that suspension begins, the convulsions which sometimes occur being no more evidence of pain than are the movements of a decapitated chicken. They are such as generally occur when the great vessels of the neck, and the trachea are suddenly closed.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

ALVEOLAR ABSCESS.

ALVEOLAR abscess, or gum boil, arises from the periosteum lining the alveolus becoming inflamed and suppurating. The pain is usually of an intermitting character, but of a nature very well marked in its kind; it often produces considerable constitutional disturbance. The periosteum of a tooth being the seat of acute inflammation, it suppurates at the apex of the root, and plastic lymph is at the same time effused. The inflammation extends to the gums and neighboring parts, causing great pain and swelling. As the pus accumulates in the sac, it presses upon the walls of the alveolus and gradually breaks them down, thus the pus comes in contact with the soft structure and causes their absorption, making an outlet for the escape of the matter.

This outlet which gives egress to the pus is usually in the gum opposite the affected root, but the pus may escape from any other part; for instance, it may force its way through the cheek, through the tissues at the base of the lower jaw, it may pass into the antrum, or the nasal process, and escape from the centre of the superior maxilla. I have often found a little opening at the juncture of the hard and soft palates with a stream of pus flowing,

caused from an abscess at the apex of a superior lateral incisor. The pain attending the formation of alveolar abscess is very acute, of a throbbing nature and almost insupportable, but when suppuration takes place and the pus escapes, it ceases altogether, or nearly so. There are some cases in which the inflammation does not cease, and becomes chronic in form; the sac at the extremity of the root in this case continues to secrete pus, and the opening in the gums remains open.

The time requisite for the formation of an abscess varies from two to twenty days, depending upon the violence of the inflammation. The pain attending an abscess often gives rise to fever, constipation, headache, etc.

TREATMENT.

When the alveolo-dental-periosteum becomes inflamed, resulting from inflammation of the pulp, an abscess may be prevented by devitalizing the latter with arsenic and removing it when dead, dressing the canal with antiseptics until a healthy appearance arrives and all decomposing matter removed. But the treatment for this abscess should be prophylactic throughout, and the formation be prevented by the use of saline cathartics, leeches, etc. Should these means fail to stop the formation of pus, an opening should be made with a sharp lancet through the gum, or where the abscess is situated, and the matter washed out with carbolized water as hot as can be borne. The neck of a syringe can be inserted, charged with peroxide of hydrogen ($H_2 O_2$) and injected several times. If the tooth be already dead, an opening can be made through the pulp chamber and the injection may be applied both ways. If these means do not remove the trouble, there is one thing left that will, and that is extraction, and it rarely happens that anything else is necessary for the cure. Alveolar abscess in the socket of a *temporary* tooth, very often causes exfoliation of the sockets of the adjacent teeth, nearly always injuring the nuclei of the permanent ones beyond recovery. In that case, it is best to extract the tooth at once and wash the cavity well with hot water, slightly carbolized.—Dr. H. A. Armitage, in *Chicago Medical Times*.

SESQUICARBONATE OF POTASH.

Our older readers will remember the name as of an old friend; the more recent additions to the family will say, what is that? and those inclined to chemistry will answer, there is no sesquicarbonate of potash—it is an old Eclectic fraud.

Then we answer, not so fast, my young friend; the proof of the

pudding is in the tasting, and we have accomplished things with a preparation called "sesquicarbonate of potash" (pure or impure as you choose), which you could hardly do with anything else.

Every few days I see a man going around the streets attending to his business, who, twenty-five years ago, was condemned by a consultation of surgeons, to lose a leg on account of disease of the tibia. The family would not consent, and he came into my hands, and with injections of a saturated solution of this old remedy, supplemented with pledgets of lint, carrying the powder into the sinuses, a cure was effected. It took time, but gradually the diseased tissue was brought away, and with a better life came renewal of bone, and a very serviceable leg. As a local application to carious bone, there is nothing equal to it.

But it is as a remedy in carbuncle that I want to commend my old friend. If you have seen the carbuncle of the olden time, you have seen something vicious and difficult to manage. I remember very well when they were incised to the bottom, as you would cut a pie, and one can imagine the unpleasantness. We do better. As the complaint shows its two, three or more yellow openings, we fill a small syringe with a saturated solution of sesquicarbonate of potash, and inject what seems to be the most prominent pipe until the fluid spurts from every opening. The patient complains, of course, but in a few minutes the pain and burning have passed away, and he has his first rest for hours or days. A dressing of a solution of borax completes the cure. Old fashioned? Of course it is old fashioned, but a most excellent fashion notwithstanding.—*Eclectic Medical Journal.*

DO WE LIVE OUT HALF OUR DAYS.

Life tables elaborated to demonstrate the average period of human existence show that pursuits and habits appreciably influence longevity.

The husbandman survives the mechanic, the merchant outlives the professional man, and the "commoner" attains the greatest average age. By the "commoner" is meant the one who leads a comfortable career, and never indulges in excesses. Utter laziness shortens life as much as a condition of hardship. The strong arm is possessed by him who puts forth strength—makes an effort. An unused brain leads to inanity and premature decay; and mental overwork hastens apoplexy and paralysis. The brain needs recreation, which means variety in kind of intellectual work. A game of billiards will refresh a tired mind —the book-keeper needs diverting exercises, and so does the overworked professional man. At the age of fifty the weary and

worried lawyer, minister or doctor should have a farm to look after—he should hunt and fish, and row and ride. In the cultivation of choice fruits and fine stock the gentleman farmer wholesomely exercises both mind and body; but to retire from business and do nothing is exceedingly dangerous. It is safer to wear out than to rust out. Recreation does not mean stupor and idleness.

The average agriculturist has opportunities for diversion and recreation, yet he overworks in seed-time and harvest; he is careless about sitting in draughts of air when sweltering with heat; and he allows his stomach to be gnawed with hunger when he goes to town that he may save the expense of a lunch. In that respect he cheats himself outrageously.

Ponder over the vital depression produced by the indulgence of grief, envy, hate, revenge, jealousy, and needlesss fear. Think of the deadly effects of intemperance and unchastity! There are those who eat too much nutritious food, and who at the same time exercise too little, yet they are few in comparison with those who are doomed to drudgery and a scanty diet. In large towns and cities there are numbers of pitiful women and children who are not well clothed and housed, to say nothing of the pangs of hunger that have to be endured.

Well, what is to be the remedy for such evils? Wisdom will cure a multitude of ills. Let the brain taxed take heed and rest; instruct the farmer to take half as good care of himself as he does of his stock; reason with the intemperate and the unchaste; and educate the poverty stricken to take hope and see how they may better their condition in life. Cultivate good cheer when despair holds the gloomy in chains. "The world at best is *not* a dreary place." It is simply dreary to those who make it such, by those who hum deplorable songs written by pessimistic poets. Away with "solemncholy" hymns set to long meter, and sung in sepulchral tones. There may be melody in plaintive notes, but the heart grows heavy in listening at too many of them. If we would live out half our days we should look on the bright side of things—we should try to feel that this world at *best* is a beautiful place.—H. in *Eclectic Medical Journal.*

EXCLUSIVE DOGMAS IN MEDICINE.

A PAPER read by a Dr. Johnson at the late meeting of the New York Medical Society, took the ground that physicians should not go beyond the Pharmacopœia for their therapeutic agents. The *Medical Record*, which does a handsome business in advertising, sustains the views which are thus adverse to its practice. Severe ethics and lax practice generally go together, however. The more tenacity the more hypocrisy.

But what a progressive profession that must be which interdicts the use of drugs till its Holy Office has authorized them! Who keeps the *Index Expurgatorius* for this Papacy in Medicine? Within thirty years a large number of medicinal agents, belonging solely to the Eclectic School by right of discovery and use, have been formally carried over into the Pharmacopœia, while the men who introduced them are proscribed with all the malignity characteristic of devils. The medical legislation attempted in the various legislatures, the prosecutions which have been instituted under sundry statutes, show beyond argument the sworn enmity of the "regular" practitioners to scientfic discovery.

These things all prove not only that the Old School Medicine is the confirmed enemy of justice and human rights, but the champion, and the sole champion, of "Exclusive Dogmas in Medicine."

Dunglison's *Dictionary* needs correcting, as well as Appleton's *Cyclopedia*.—A. W. in *Medical Tribune*.

UNPLEASANT NEWS ABOUT AN OLD REMEDY.

Hard on the doctors, and worse on their poor patients, are the subjoined facts noticed on or about the third week of last January. Going to the rear office of a New York drug house, I had to pick my way through a lot of bales and barrels obstructing the floor of the warehouse, and, among other things, detected two open barrels filled with the fresh roots of *convallaria majalis*. It being so entirely out of season for the recent root to be in the drug market, I had to stop in amazement to more closely examine the contents of both barrels.

Imagine my surprise when I found that the roots were those which had been forced in hot-houses for the flower market, and from which the flowering stem and leaves were cut off. In some of the roots the stems were hastily cut, and enough of the tender, bright-green leaves left thereon so as easily to detect the fraud. The roots were devoid of substance, having a soft, flabby feel about them, as if parboiled, so to speak. In other words, the life and properties of those roots had been exhausted in the production of the beautiful flowers of the *Lily of the Valley*, which were sold to the bouquet-makers, as I afterwards learned by mere chance.

The disappointed physician who fails to get certain results from the employment of a preparation made from such roots of *convallaria majalis*, need not be at all surprised. I took in the situation at a glance, and, after making some commonplace remarks, was told that the lot had just arrived to fill an order.

This happened during a cold spell, and in a season when florists buy up all the flowers of this lily at enormous prices, and when there are not enough on hand to fill the ever-increasing demand for such. For prudential reasons no manufacturer would or could buy the flowers of the Lily of the Valley during the height of the ball season, any more than he would Boneset or Lady's Slipper, forced in a hot-house at an enormous expense when the same grows out of doors full as well.

Manufacturers who would use snch exhausted material in the making up of pharmaceutical preparations, I can only compare with another lot of despicable species of the *genus homo* who supervise our penal and charitable institutions. There it is a common practice to first make a savory soup of the fowls, for the keepers and wardens, and then serve up the same birds in the shape of a roast to the unfortunate and helpless inmates for their Thanksgiving or Christmas dinner.

But the worst has not been told. In the latter part of February I had occasion to visit a friend, an importer of horticultural supplies, who annually handles hundreds of thousands of the roots of *convallaria majalis* which are forced into bloom during the winter for the flower market. Said my friend, "Do you know, Doctor, that the Lily of the Valley is now used as a medicine?" To which I rejoined that I could show him books in my library printed three hundred and sixty-three years ago, confirming that bit of news. "Why," said my friend, "I am informed by the Messrs. So-and-So that they have just introduced it as a *new remedy*, and I know that manufacturers are buying up all the *old roots* of forced plants."

Simultaneously with this discovery, I find it stated in the March *Trade Journal* that Lily of the Valley roots have declined thirty cents per pound. But will it make the average disciple of Æsculapius any wiser?

Verily the time is not far distant when every physician, in order to succeed in his practice, must prepare many of his best remedies himself. Astrologers of former times certainly had the advantage on their own side in more than one way. Plants intended for medicinal use had to be gathered during certain planetary periods, and it would most certainly occur when that plant happened to be in the best possible condition for medicinal purposes.—Dr. R. E. Kunze, in *Medical Tribune*.

THE DIFFERENCE BETWEEN THEM AND US.

First: They give medicine to cause a contrary disease in the system, to cure the disease then existing: we treat diseases on general principles and meet the indications. They go on the

principle of aggressive surgery, and we, conservative. They believe in crude medicines and compounding prescriptions; we, in concentrated extracts and nicely prepared medicines, single and specific administration. They believe in restricted consultations; we, in the great American principle that all men are created equal, free consultations (women included). They in arbitrary dictation; we, in the comparing of notes intelligently, and the choosing of the best according to our judgment. They in crushing out opposition; we, in honest competition for the elevation of the masses, competition being the foundation stone, upon which depends the advancement of the industries of the American people. Let there be no rest nor ease until there is professional equality before the nations of the earth, and let him who would be free strike the first blow.

We court thorough investigation by the people in our mortality as practitioners, we also ask examination by honest and competent examining boards, and we are willing to stand or fall by that examination.

We invite them to meet us upon the broad field of competition, in towns, counties and states. We are willing and ready to make an exhibition either of our ignorance or intelligence before the public, and if we are adjudged ignorant, we will leave the profession and seek our living in some other avenue. Knowledge is a something that cannot be stolen. If a man sets up a plea that he is a doctor, but a stranger among us, appoint three physicians well learned in medical lore, to examine *him*, not his diploma nor books, but *him*, and if he is fit to practice, let the three physicians say so, and if not, say so, no matter how many diplomas he may have. We are for the primitive American principle. There shall be no title granted, but through actual merit.—Dr. O'Neale, in *Keystone Medical Journal.*

SELECTIONS.

BLOOD CHANGES IN SYPHILIS WHEN TREATED BY THE FLUID EXTRACT OF STILLINGIA COMP.

McDade-King Formula.

One of the last if not the last paper of that magnificent surgeon and physician, Dr. J. Marion Sims, shows his character in the lustrous light of a simple, child-like, genuine love of truth, justice and helpfulness to others. The picture is briefly this. More than forty years ago Dr. Sims knew that the medicine men of the

Creek Indians had the reputation of curing syphilis. Lately he revisits the scenes of his youth, and, eager for truth, he finds that a mulatto slave, "Horace King," made the preparation used, Stillingia being well known as a principle ingredient of the remedy. He found that Dr. McDade investigated the formula used by the mulatto, and had brought it into pharmaceutical standing and recognition. Dr. Sims then comes out boldly in the *British Medical Journal*, tells all he knows about this Indian remedy, gives due credit to and associates his own great name with that of Horace King, the slave (!), and now the medical world knows or is supposed to know of the value of the Indian Creek remedy in syphilis. How few physicians would have dared to do such a thing to connect their names with Indian remedies! Most would have hesitated and wanted to know what (Dr. Blank or Dr. Strong) men high in the profession and of leading reputation had said about it, and if they had given a favorable opinion then would they have out with the story. But to Dr. Sims, conventionalities were like cobwebs, or as the ropes of the Philistines to Samson. One would have thought that he would have wearied with professional matters in his long-life service, but he never did. His grand, simple-hearted soul was keenly alive to the truth, and the good that could be done with it to help others. His mind was ever young and strong in its grasp. His enthusiasm never flagged. He eagerly seized new ideas to the last. Only a short time before his death the writer knew a physician who went to show him a porcelain stem pessary. He seized it with eagerness, and sent a glow of encouragement into the heart of the inventor by saying: "There is nothing like this in the world, Give me one to show to doctors at Paris."

A few days before his death, happening to hear the writer speak of a new mode of denudation in the operation for ruptured perinæum, the idea was taken in immediately, and, with a cross questioning worthy of the bar, he elicited every detail, and begged as a favor to see the operation. With such teachable condescension, magnetic force, courage, courtesy and child-like simplicity, it is no wonder that he died the most honored and appreciated surgeon and physician of his country and age. In humble admiration of his example, the writer desires to add a word of corroboration to Dr. Sims' valuable and historic paper. There are some physicians who are familiar with the morphology of the blood in syphilis. By microscopically inspecting the blood of a syphilitic they make out a diagnosis of the disease at once, with a certitude unusual in human affairs. Besides this, they tell when the patient is really cured by noting the disappearance from the blood of the peculiarities of syphilitic blood. Indeed no

other physical sign of therapeutic inspection in this disease is more useful than that of the exploration of the blood by the microscope. This may be denied by some; but this denial not at all alters the facts of the diagnosis and treatment of syphilis by the gentlemen referred to.

Now, the point desired to be made here is that the use of the preparation here named by syphilitics, known to be such by rational and physical signs (including microscopic inspection), has been followed by the disappearance of the physical signs of syphilis, including those furnished by inspection of the blood.



FIG. 1.—ROUGH DIAGRAM OF SYPHILITIC BLOOD SPORES.

Figure 1 is a rough diagram, and shows the blood of a syphilitic with the embryonal forms of the vegetative spores (*Crypta syphilitica*), which are the dots seen in the interspaces between the red and white blood corpuscles. In the diagram they are of course immovable, but in the blood just removed from the stream of a syphilitic, and viewed under a 1-16 inch first-class Tolles' immersion objective, appear as auto-mobile globes, active with life, skurrying hither and thither with the ceaseless playing motions of proto-plasmic life. They are highly refractive bodies, and when a little out of focus they are copper-colored.

They differ from the spores of eczema, which are darker, almost black and immobile. In old cases these spores are found in the primary sore (with the mature plant), and in the secretions for the most part. Occasionally the mycelial or fully-developed filaments of the plant appear in the blood—smooth, cylindrical, sometimes tapering, bent or curled in twists, one end blunted somewhat, and, where a little out of focus, reddish copper-colored.

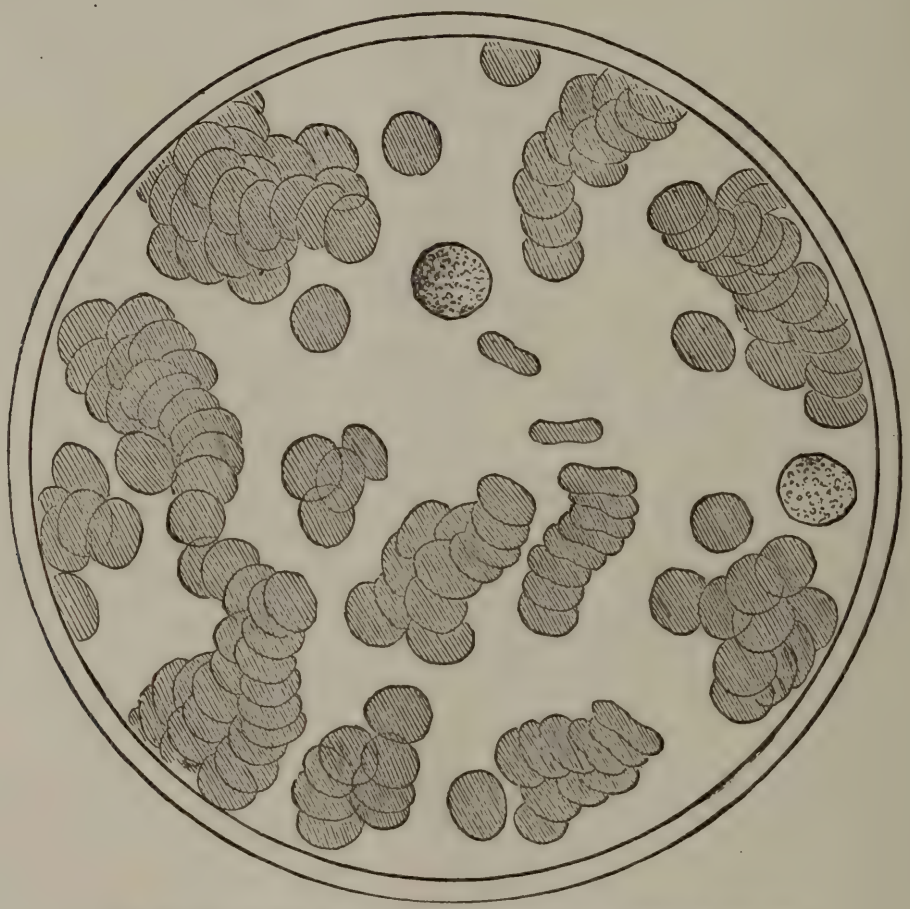


FIG. 2 SAME AS FIG. 1, WITH CRYPTA SYPHILITICA SPORES REMOVED.

Figure 2 is a rough diagram, showing the removal of the spores of the *Crypta* by the Creek medicine. The preparation the writer has used mostly is that of T. METCALF & Co., of Boston, Mass.

The physicians alluded to test their treatment of syphilis by watching for the total disappearance of the spores. If they can be detected in the blood the cure is not regarded as complete.

There are other agents and means that will eliminate these noxious parasites, but as the object here is to corroborate the important paper of the distinguished dead by a statement of fact, not opinion, there is no need of mentioning them here.—DR. E. CUTTER, in *Gaillard's Medical Journal.*

THE BEST TIME FOR ADMINISTERING MEDICINES.

The Midland Medical Miscellany, has an excellent article on this subject, in which it answers the question: Before or after meals? Such is the question often asked of the doctor, but the answer is not always ready. Medicines that are irritating should be given after meals, when the stomach is full, viz.: the salts of copper, iron, zinc, and arsenic, in large doses. Small doses, intended to act on the stomach terminals of the vagi should be given when the organ is empty. Chemical reasons have their influence, thus oxide and nitrate of silver, intended for local action, should appear in the stomach during its period of inactivity, lest at other times chemical reactions destroy the special attributes for which these remedies are prescribed. Iodine and the iodides further illustrate this point. Given on an empty stomach they promptly diffuse into the blood, but if digestion is going on, the acids and starch form products of inferior activity, and thus the purpose which they are intended to subserve is defeated. Substances intended to have alveal action on the mucous membranes, or for prompt diffusion unaltered, are preferably given before meals. The condition of the stomach veins after meals is such as to lessen the activity of diffusion of poisons, and hinders their passage through the liver. It follows that active medicaments in doses near the danger line are more safely administered after meals.

When shall acids and alkalies be given, before or after meals. First as to acids. When acids are prescribed with a view to correct the excessive formation of the acids of the gastric juice, they may be given before meals—as by the law of osmosis they will determine the glandular flow of the alkaline constituents of the blood. The same reasoning would hold good when the alkaline condition of the blood was in excess; osmosis being favored, the acid would reach the blood more readily. Second as to alkalies. These may be given just before meals, when the acid forming materials in the blood diffuse into the stomach glands, and after digestion is completed, when the alkalies diffuse directly into the blood, without interference from the contents of the stomach. An alkali taken during the time when the reaction of the stomach juices should be strongly acid, must necessarily hinder, if not arrest, the digestive process for the time being. The metallic salts—notably corrosive sublimate, alcohol, tannin, and some other agents—impair or destroy the ferment, or digestive power of pepsin. Wine that is intended to act as a food is most beneficial when taken slowly during the course of a meal.

The objection as regards the ill effects of alcohol on pepsin is not applicable here, except to the stronger spirituous wines in large quantities, for the ordinary medicinal wines have not sufficient alcoholic strength to injure this ferment. Iron, phosphates, cod-liver oil, malt and other similar agents, should, as a rule, go with food through the digestive process, and with the products of digestion enter the blood.—*Jour. Am. Med. Ass'n.*

THE RADICAL CURE OF HERNIA.

We take the following from the *Medical Times and Gazette*, December 29, 1883:

The radical cure of hernia has, until within the last few years, been a comparatively rare operation. Five years ago Wood's operation was occasionally performed, and Wutzer's operation only served to test the knowledge of the student. In the Liverpool Medical Society, on December 20, a discussion which arose on a paper on this subject by Mr. G. G. Hamilton elicited the fact that within the last three or four years about a hundred and fifty radical cures have been performed by the surgeons of that city. Mr. Banks has performed between fifty and sixty, Dr. Alexander about thirty, Mr. Rushton Parker twenty-eight, the Surgeons of the Northern Hospital fourteen, whilst Messrs. Pughe, Rawdon, and others, have operated on smaller numbers. The mortality has been *nil*, and the successes highly satisfactory to all, as far as time has enabled them to judge. The operation consists in tying the neck of the sac, and severing the neck thus tied from the rest of the sac. Mr. Rushton Parker stops here, and has had a success quite satisfactory to himself. Dr. Alexander adopted that method for a time, but he now joins all the other surgeons in dissecting out the severed sac, because it makes the cicatrix firmer, and gives a better support to the ligatured neck. In inguinal hernia especially, and to a certain extent in every variety, all the surgeons who spoke, with the exception of Mr. Parker, bring together by suture the fascial boundaries of the opening, which in inguinal hernia are formed by the pillars of the ring. Mr. Parker would only do this in exceptional cases. As to the material to be used for tying the neck of the sac and suturing the pillars of the ring, there was wide diversity of practice. In the Northern Hospital cases which were performed by Mr. Manifold, Mr. Puzey, Dr. Macfie Campbell, and Mr. Damar Harrisson, chromic catgut was generally used for both purposes. Mr. Banks ties the neck of the sac with chromic gut, and brings the pillars of the ring together with silver-wire sutures, which are to be retained indefinitely. If the sutures irritate, all the

better, as they can then be removed. If they do not irritate, it is still well, as they will always maintain their hold. Dr. Alexander uses catgut for the neck of the sac, and silver-wire sutures for the pillars of the ring. He removes these sutures before the wound closes, and looks with favor on healing by granulation. Mr. G. G. Hamilton recommended fishing gut or sulphurous gut for both purposes; and Mr. Rhinallt Pughe spoke highly of the latter as being pliable and making a firm knot. It was therefore evident that good results could be obtained by any of these methods, and that the kind of suture was not essential. This method of radical cure is capable of being performed in all kinds of hernia, reducible or irreducible. In all cases, the sac having been dissected out from its surroundings, and especially from the cord in male inguinal hernia, is opened, and, if irreducible, the contents explored, the adhesions severed, and omentum removed if necessary. Mr. Banks and Dr. Alexander have successfully removed great masses of adherent omentum in this manner. In reducible hernia the sac is always opened, to see that the hernia is *completely* reduced. This free opening of the sac is not, therefore, new in Liverpool, although Mr. Lawson Tait, in the last number of the *Birmingham Medical Review*, puts it forward as a new practice in *that* town. Mr. Banks described in great detail the cases suitable for operation. It need not be performed in young children except under exceptional circumstances, as a truss generally cures such cases before puberty was reached. The exceptional circumstances were a very wide opening, or the presence of the disease debarring an orphan from a charity school, or inability or dislike to wearing a truss. In adults it should only be performed in omental hernia and in hernia complicated with undescended testis, on account of the exceptional danger of such cases. In ordinary cases of reducible hernia he would not operate unless life was rendered miserable by the disease, or the patient was thereby unfitted for work. When a well-fitting truss completely relieved the patient, he would not recommend an operation. As to the after-treatment, all agreed upon the advantages of a prolonged rest in bed for at least three weeks. Some of Mr. Parker's cases were up in ten days, and others in fourteen days, and he now believes that these periods were too short. In most of the cases no appliance was used afterwards. Mr. Banks, however, recommends a light truss to be always worn after operation. He does not believe in a *radical cure* of hernia in the sense of the patient being as strong in the region operated on as a perfectly healthy man would be. The wearing of the truss is no discredit to the benefits of the operation, and is an additional security to the patient. The

results at the Northern Hospital were, up to the present time, ten cures and two failures. In two cases the interval was under six months, and therefore the question of cure could not be entertained; they had not failed. The dressing varied as much as the kinds of ligature and suture. Mr. Rushton Parker first introduced the operation into Liverpool, and thought the idea was new to others, as it was original with himself. He afterwards found that it had been performed by Dr. Macleod, of Calcutta, by Drs. Annandale and Buchanan, and by some others. In the successful and frequent application of the operation, it will be seen that Liverpool occupies an exceptional place. According to some writers in the medical journals, the operation is almost unknown in many places.

SCARLET FEVER: HOW TO LIMIT ITS CONTAGION.

W. A. Jamieson, M. D., (*Edinburgh Med. Journ., March.*) The author states that the disease is scarcely if at all infectious in its earliest period when most easily recognized, but it becomes day by day for a considerable time increasingly communicable. The susceptibility to the disease diminishes with advancing age. The contagium of the disease exists in the desquamated skin, and in the exhalations of the lungs. We have no available means of disinfecting the atmosphere of a room while the patient is in the apartment. The first essential is to isolate the patient, and his attendants. The second is to use proper disinfectants about the throat, and over the skin of the patient during desquamation. We too often disinfect the patient's clothing and bedding, but forget to disinfect the patient himself. Warm baths should be used daily from the outset at a temperature of 95° to 98° F. After drying the skin the whole body should be anointed with the following:

℞ Acid. Carbol., ʒ ss.
Thymol, gr. x.
Vaseline, ʒ i.
Ungt. Simp. q. s. ad., ℥ i.
M. Ft. ungt.

The thymol must be dissolved by a little heat or its crystals will irritate the skin.

This should be used in the morning as well as after the nightly bath. When the patient is well enough a thorough scrubbing of the whole body the head included with carbolic acid soap is useful to remove any lurking traces of infection. For the throat the best disinfectant is a saturated solution of Barff's borogly-

ceride in glycerine. The throat, tonsils and nose if affected should be brushed with this three or four times a day. It is painless and the taste not disagreeable. All linen used about the patient should be immediately put in a carbolized solution. The author thinks that if the plan above indicated has been carried out, it is unnecessary to isolate the patient for the whole period of desquamation. This is variable in different cases. The physician's injunctions are usually disregarded. The state of the patient's health and the stage of his convalesence are better guides to the time when he should be allowed to mingle with others.

The room should be thoroughly scrubbed and fumigated with sulphur. What protection is afforded by the above measures in cases in which isolation is impossible is illustrated by the following examples. A family in which there were five children occupied two rooms. None had had scarlatina. The oldest contracted from exposure, the parents refused to allow her to be sent to a hospital. The directions were carried out faithfully and none of the others took the disease. In another family, also occupying two rooms, there were four boys and the parents. The youngest aged 13, had a severe attack of scarlatina anginosa. He was delirious for days. All in the family assisted in the care of the patient and none took the disease. In no instance—and there were many—in which this treatment had been followed out, was there a fresh case after its commencement.

MORGENSTERN: DISTURBANCES OF DEVELOPMENT OF THE TEETH IN CHILDREN, AND THEIR TREATMENT.

Disturbances in development may be considered under the heads of irregularity as to the time of eruption, as to number, form, size, substance and position. As to irregularity in time, these are too well known to require particular notice. Especially in rachitis is the eruption retarded, the first of the milk teeth appearing three to nine months later than is customary, and the last being still undeveloped, in many cases, at the end of the third year. Ritter von Rittershain and Baginsky are quoted in support of this assertion. Mechanical causes, for example, irregular development of the maxillæ, are also responsible for delayed eruption in certain cases. Irregularities in the position of permanent teeth are often due to improprieties in the removal of the milk-teeth—the fact which Trousseau has stated being forgotten, that dentition is a continuous process, the second set

being put forth after the roots of the first are absorbed. Hence unseemly gaps sometimes are occasioned by premature removals, with deformities as to position, etc. Anomalies in direction, and dislocations of the permanent teeth, may also originate in disease processes of the alveoli and of the jaw, and in improperly directed force from the contractions of the muscles of the tongue and face. The latter factor might seem insignificant at first thought, but the author goes into an elaborate demonstration of its importance. The treatment of the various irregularities of the teeth is indicated from dietetic, phonetic, and cosmetic considerations. A wise prophylaxis exerted toward the preservation of the milk-teeth will have its influence upon the condition of the permanent ones. In filling the former the author counsels against the plugging of cavities in the roots, as this may delay or interrupt the absorption process. In cases in which there is extensive disease in or around a milk-tooth, extraction is indicated. Narrowness of the alveolar arch in early life may be the source of much deformity as to the teeth, and the author suggests a way of correcting it by means of a suitably constructed frame of rubber and iron wire, which, he says, offers a favorable prognosis if worn for a few days.—(*Arch. f. Kinderh.*, B. V. H. 1 and 2.)

GLAUCOMA TREATED BY FORCIBLE TEARING OF EXTERNAL NASAL NERVE.

The *Edinburgh Medical Journal*, March, 1884, quoting from the *Annales d'Oculistique*, says:

Badal, encouraged by the cure of a case of ozæna associated with violent neuralgia of the upper and middle branches of the fifth, which followed a tearing of the nasal nerve, has for the last year treated all cases of glaucoma, in which operative interference seemed at all advisable, in the same way. The theory which led him to adopt this novel treatment is that "the increased tension is manifestly the result of a breach of equilibrium between the secretion and elimination of the intra-ocular fluids; we should therefore be able to remedy this by acting on the vaso-motor or secretory functions, and we may be permitted to suppose, from analogy with the above case, that the elongation of the nasal nerve in preference to any other would produce the desired result;" and he adds that "this hypothesis has been confirmed by clinical experience." He prefers tearing the nerve, as this can be done very easily by merely cutting down in its vicinity, and seizing the tissues round about and including it with a hook, which is then made to tear its way out, the bleeding from the accompanying artery being so slight as to be of no consequence.

When this operation is not effectual, Badal thinks the next thing to do is to stretch one of the other branches of the fifth. He observes that "whether the surgical trauma acts on the terminations of the ciliary nerves, as in sclerotomy, iridectomy, or Hancock's operation, or on the nerve trunk, as in stretching, the effect will be the same. But we may imagine that the chances of cure would depend to a certain extent on the number of nerve fibres involved." In this way he explains the superiority of iridectomy over a limited sclerotomy, and of the tearing of the nasal nerve over iridectomy. The cutaneous anæsthesia caused by the rupture of the nerve is too limited in extent to be of any importance. The results obtained are as follows: In 25 cases of glaucoma, not selected, but taken just as they came, the tearing of the nasal nerve produced tension in 19. In 20 of the cases in which the glaucoma was acute or sub-acute, the operation caused very speedily, and sometimes almost instantaneously, a cessation of the pain. In four of these cases iridectomy had aggravated the condition. In four cases a previous iridectomy, and in six a previous sclerotomy, had failed. Of two cases of acute glaucoma the cure was rapid and complete in one, while in the other the vision did not return. In six other cases in which the vision had been for long lost or almost abolished, three recovered sufficient acuity to be able to guide themselves (!). Finally, in the cases in which the operation advocated failed, a subsequent sclerotomy or iridectomy was no more successful; and further, the tearing of the nerve never produced any aggravation in the existing condition, even when unsuccessful in affecting an amelioration. Badal recommends his operation for all cases of glaucoma, without exception, as the one most likely to have a favorable influence on the disease; and only in very acute cases, where there is a very urgent indication to bring about a diminution in the intra-ocular tension, does he admit the advisability of combining it with any other procedure. Even this should be no more than paracentesis. From the above description it is clear that, should the results obtained by others equal those of Badal, the operation of tearing out the nasal nerve will not be long in being adopted as the principal cure for glaucoma.

MILK DIET IN CHILDHOOD.

Dr. Camman (*N. Y. Med. Jour., March 29,*) presents some interesting statistics in support of his protest against the introduction of meat into the dietary of children. Among the evil results of the use of meat by children are mentioned feverishness,

fretfulness, stomach and intestinal disorders, and the formation of the neurotic diathesis. In the Orphans' Home and Asylum of New York for the past twenty-five years meat has been excluded from the dietary and milk has been one of the chief articles of food, for children of from three to eight years of age. Twenty deaths occurred in twenty-four years, the average number of inmates for almost the entire period being about 145. The report of 1870 is quoted as follows: "This is not the place to enter into a disquisition upon the causes of sickness among children, but it will be observed that although we have many very young children, no cases of convulsions gastric fever and intestino-spinal paralysis have occurred, for the reason that the chief cause has been avoided, viz., the ingestion of unwholesome and (for their age) indigestible food, the diet of such consisting entirely of bread, milk, farinaceous food and vegetables, no 'indulgent parent' being at hand to permit the bolting of meat and other substances unfitted for these stages of physiological development of their digestive organs. In 1865, when meat was for a short time added to the dietary, a death occurred from dysentery, and another from cholera, the only deaths resulting from disorders of the digestive apparatus, in a history of twenty-five years. During this year the cases of digestive derangements were three hundred per cent. more than in the previous year. The general health and appearance of the children are exceptionably good."

ON A MODE OF IDENTIFYING THE UPPER AND LOWER ENDS OF ANY GIVEN PIECE OF SMALL INTESTINE.

Dr. R. Frank Rand contributes the following practical paper to the *Lancet*, December 22, 1883:

"It is confessedly difficult to determine the course, as between duodenum and cæcum, of any portion of the small bowel which may present when an opening is made into the abdominal cavity: as, for example, in a section made for the relief of intestinal obstruction. Operators have ere this passed feet of intestine through their hands, uncertain as to whether they were proceeding upwards or downwards in the direction of the length of the tube.

"In those cases where an opening is made into the abdominal cavity sufficiently large to admit the hand, the mesentery may be taken as a sure clue, if the attachment of its root be borne in mind. This attachment, it will be remembered, runs along the front of the spinal column in an oblique line from the left side of the second lumbar vertebra to the right sacro-iliac synchon-

drosis; it corresponds roughly with the long axis of the trunk. Above, it comes into relation with the upper end of the small intestine at the commencement of the jejunum; below, it leaves it at the cæcum. At the spine the two surfaces of the mesentery face laterally right and left; further out, their arrangement, like that of the bowel, is constantly varying. As we may speak of a right and of a left surface as regards the mesentery, so may we, none the less, as regards the bowel. It is difficult to identify the right and left sides of the bowel, but those of the mesentery are, at its root, self-evident, for here it occupies but some six inches in extent of length, whilst at its periphery it reins in some nineteen feet or so of tube. The right and left sides of the bowel having been identified, a knowledge of the proximal and distal ends follows in necessary sequence. The peritoneal cavity having been opened at any point in the anterior abdominal wall, the first piece of small bowel presenting may be seized; its long axis being held in the long axis of the body, and its attached mesentery being pulled out taut from the spine, the hand may be passed, guided by the mesentery, backwards to the spine, when it may be passed upwards and downwards without hindrance along its spinal attachment. If the bowel is being held in its true direction, the hand passed to the right of it will be conducted by the mesentery to the right side of the spinal column, and, passed to the left of it, it will be conducted to the left side; but should the apparently upper end of the bowel be not really so, the hand in passing to its right side will be conducted by the mesentery over to the left side of the spine, and, conversely, if passed to its left side will be conducted over to the right; in either case the hand being passed upwards and downwards to identify the mesenteric root. Nothing can be simpler in practice, as may be found by making trial and test in the post-mortem room. I have no doubt this method has been used in the past, but having found no record of it, have thought it worthy of mention.

EXAMINATION OF THE PREPUCES OF NEW BORN MALE INFANTS.

Dr. H. F. Walker, *(N. Y. Med. Record, Feby. 23,)* in the majority of infants at birth there is adhesion between the mucous membrane of the prepuce and the glans; the orifice of the urethra and foreskin not differing much in size. When the preputial orifice allows it, which is in about one-fourth the number of cases, the agglutinated surface are to be separated with a probe. In the remaining three-fourths of the cases, either a very

forcible or a cutting operation is necessary. The latter is preferable. All that is needful being to make a linear incision at the median line of the prepuce. In earliest infancy (9th day) the result is perfect providing care is taken that the foreskin heals so as to leave the glans exposed. The reason why this method is efficient is because the cuticular and mucous surfaces are then equal in development. In manhood it results in deformity; in childhood the result is doubtful. The necessity for attention to the infantile prepuce lies in the pernicious effect of phimosis upon the nervous system through childhood. It will need attention sooner or later, and the earlier remedied the better for the health of the child. Circumcision is not necessary, the operation described being simpler, as efficient and leaving a demonstrable foreskin.

EXERCISE VS. DRUGS.

The leading minds in the profession are gradually and surely commencing to realize that the hygienic treatment of disease is entitled to a much higher place in our estimation than is usually accorded to it. A rational and intelligent combination of the use of drugs and hygiene is the ultimatum to which we should direct our efforts, and by so doing we will much more fully and satisfactorily accomplish our mission than by adhering to the blind, routine drug treatment of disease, which, though in reality a thing of the past, yet has many advocates in the profession.

Dr. S. Weir Mitchell's exalted reputation rests mainly upon a true conception and an intelligent carrying out of this principle, and the same may be said of nearly all the more eminent men in our ranks.

It is but common sense to believe that did all the organs of the body thoroughly functionate, so to speak, did they all perform their alloted tasks, disease would be unknown; and it is also well admitted that exercise is a most potent agent in maintaining the functional activity of these organs.

Hence, reasoning from these premises, it is but logical to infer that when any organ or system has become deranged, such exercise as will stimulate to healthy activity this particular organ or system, will do much to restore the healthy, normal standard.

We have known many cases of constipation that have persistently defied the use of an almost endless variety of drugs, to thoroughly yield to a series of brisk daily walks. One of the greatest evils of American life is the apparent antipathy to well-regulated exercise, which among our English brethren is so thoroughly believed in; for want of it, our organs refuse to

perform their duty, they become torpid, and languid, and lazy, and we thus become easy prey to the inroads of disease.

When, therefore, a patient consults us and we find that he has some functional derangement of some organ or system, let us, along with our prescription, recommend such exercise as is best calculated to increase the activity of this particular part. Exercise really means motion, and we can advise that which will serve to bring into motion the part that has been rendered functionally weak through the want of motion. For all classes, walking is pre-eminently the most beneficial of all forms of exercise; and since it costs nothing, it can be recommended to the poorest of our patients.

ORAL PATHOLOGY.

A red line on the gums, with fetor and metallic taste, indicates ptyalism. A blue line—lead poisoning. Great sponginess, with sloughing and great fetor—scurvy. A red line about the teeth and along the gums—periostitis. Purple gums and purulent discharge—necrosis. Gums hot, red, swollen, very tense—phlegmon. Gums inflamed and soft, with fluctuation—alveolar abscess. Swollen gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin, and scalp, gums everted, fetid matter from necks of teeth—syphilis. A white-coated tongue denotes febrile disturbance. A brown, moist tongue—indigestion. A brown, dry tongue—depression, blood-poisoning, typhoid fever. A red, moist tongue—feebleness, exhaustion. A red, dry tongue—inflammatory fever. A red, glazed tongue—general fever, loss of digestion. A tremulous, moist, and flabby tongue—feebleness, nervousness. A glazed tongue, with blue appearance—tertiary syphilis.—*Ind. Practitioner.*

THE EDUCATION OF CHILDREN.

An attack upon the custom of sending young children to school was recently made by Dr. Howie, a physician of Liverpool, before one of the medical societies there. He carried his views so far as to say that no child under twelve years of age ought to be called upon to perform any kind of work, whether muscular or mental. That four hours *mental exercise* is enough, twelve hours in bed, four hours for meals, etc., and four for muscular exercise. That much as he believed in education as a means of national improvement, yet it would be better to leave the masses uneducated, than to train their minds at the expense

of muscular strength and dexterity. Reading and writing although extremely important, yet were not absolutely essential to the highest education; that facts themselves without the ability to think and speak correctly about them, are of but small advantage in mental training. Throughout the whole course of a child's school career, most of the subjects of study are quite beyond his intelligent grasp, unless he is specially precocious. He then described, at some length, the influence which close confinement in school-rooms had upon the health by inducing a tendency to frequent bronchial catarrhs, which in children of phthisical history will ultimately lead to that disease, and quoted several cases from his own experience in support of this. He also spoke strongly in favor of the half-day system of schooling. In our elementary schools it is not so much actual over-work as excessive stimulation of the growing brain, which leads to its far too rapid growth to remain healthy.

Such was Dr. Howie's argument; and although we think that in his enthusiasm he carried his recommendations too far, on the other hand we hold that he was arguing on the right side. The anxiety that many parents and teachers have to push very young children to the utmost of their powers, is almost certain to sacrifice the very object at which they aim. The precocious little boy or girl usually turns out to be the stupid, inactive man. Education in young children must be at the same time amusement, or it is valueless and probably harmful. A repulsive task should never be set for a child. Hence the great superiority of the methods of Pestalozzi and Frœbel.

A MEANS OF LIMITING INJECTIONS TO THE ANTERIOR PORTION OF THE URETHRA.

According to Guyon the urethra is divided by the sub-pubic sphincter into two portions, an anterior and a posterior. Fluids injected in the ordinary way, if the meatus be not closed, do not pass this internal sphincter, but neither do they reach all portions of the anterior urethra. If the meatus be held closed over the point of the syringe, the injection bathes all the surface of the urethral membrane, but at the same time it is forced up into the posterior portion and thus often serves only to increase the extent of the gonorrhœal inflammation. In order to obviate these difficulties, and to ensure a thorough cleansing of the anterior portion of the urethra, while avoiding the danger of extending the inflammation to the posterior portion, Dr. Aubert employs the following simple procedure (*Lyon Medical*, February 10, 1884): He takes a piece of rubber tubing about four inches in length,

and of a calibre very much less than that of the urethra. This is oiled and introduced into the canal, and the nozzle of the syringe being attached to its free extremity the injection is passed through it. The fluid is thus introduced deep down into the anterior portion of the urethra and flows outward alongside the tube. It washes out the anterior portion very thoroughly, but unless great force be employed in the injection none of the fluid passes into the posterior portion.

SHOCK AS A THERAPEUTIC AGENT.

Dr. James P. Tuttle, of New York City, writes: "Your short notes on 'Shock as a Therapeutic Agent' recalls to me a practice among rude, country veterinary men, which I was able to see applied some years ago. It is the shock treatment for lock-jaw in horses, and is applied as follows: A board, one inch thick and about six inches wide, is laid across the forehead, and struck forcibly with an axe or hammer, staggering, or even felling the animal to the earth, when relaxation of the spasms is said to occur. Those who practise it aver it never fails. Certainly the case I saw was good evidence of the truth of this assertion, for the spasms at once relaxed, and a tobacco poultice being applied, they did not return."

RUPTURE OF LIGAMENTUM PATELLÆ AND FRACTURE OF PATELLA.

The co-occurrence of these two injuries is sufficiently rare to render interesting the case which Dr. M. Gardiner reports in the *Edinburgh Medical Journal*, March, 1884:

The patient was a heavy, powerful man, who while at work tripped over a bag and fell heavily on his knee on the floor. While falling he had tried to recover himself by a backward jerk, but had failed to do so. Trying to rise, he found he was not able, and when set on his legs he could neither walk nor stand without assistance.

On examination, a large, tolerably definite swelling was seen over the knee-cap. Touch proved this to be fluid. The movements of the joint were limited, extension being almost abolished. Fluctuation was also to be felt on each side of the ligamentum patellæ, but the attachment of that structure could not be defined, and the finger felt as if it could pass right in between tibia and femur. Rupture of the ligament was therefore diagnosed. Owing to the history, attention was next directed to the patella itself, patient stating that he thought it was broken. On account

of the swelling the patella could scarcely be defined, and owing to the rupture of the ligament its superficial area did not seem increased. Fracture was, therefore, only suspected, but not absolutely diagnosed.

The swelling of the knee and surrounding tissues increased, but finally subsided under the treatment adopted, and on the fourth day the joint had so far returned to its normal state as to allow of a thorough and perfect examination. This proved the suspected fracture to be real.

It is difficult at first sight to account for both rupture and fracture, but the probability is that the backward jerk described by patient ruptured the ligamentum, and that the blow on the floor fractured the patella. Effusion was very rapid and very extensive, seen principally over the patella and on both sides of the head of the tibia. Hot fomentations applied at first did not seem to answer well, but the application of dry cold proved of great service in reducing both swelling and pain. The case is doing well.

SIMPLE INFLAMMATORY TONSILLITIS.

A modification of the guaiac treatment, which consists in the use, as a gargle, of a mixture known in the House Pharmacopœia of the Philadelphia Polyclinic as the gargarysma Guaiaci Composita, is highly recommended in the treatment of this affection by Dr. J. Solis Cohen. Two fluid drachms each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid drachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution, consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid ounces is then gradually added, the shaking being continued. Without due care in the preparation of this solution the resin will be precipitated. Gargle with this mixture freely and frequently, at intervals of one-half to three hours. In some cases a saline cathartic is first administered. Should any of the guaiac mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.

For some time past Henry G. Houston, M. D. (*Atlantic Journal of Medicine*) has been using eucalyptus in case of quinsy with very gratifying results. Dilute one ounce of the fluid extract with one drachm of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it.

It has been his good fortune to see all the cases so treated recover speedily, without suppuration.. No other remedy was used, except in one instance, when he prescribed quinine.

He suggests that owing to its antiseptic properties and its special action, on the respiratory tract, eucalyptus would be an excellent local application in diphtheria, either used as above or to medicate vapor for inhalation.—*Medical Age*, Nov. 26, 1883.

VALUE OF INGENIOUS SPLINTS.

Mr. Hutchinson, of London, said in a recent lecture, that as a commentary on the futility of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, he might refer to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for general use among surgeons, is figured, says Mr. Hutchinson, in a text-book by a leading surgeon, *upside down;* and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be applied through the agency of a simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument-makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus, than ever were witnessed under the old plan of treatment of fractures by the straight splint.

VISCERAL NEURALGIA.

One remarkable feature of Dr. Allbutt's lecture was a bold but much-needed attack on gynæcologists and many of their ways: "A neuralgic woman seems thus to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is either told that she is hysterical, or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second case she is entangled in the net of the gynæcologist, who finds her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little; or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with

carbolic acid every week in the year except during the long vacation when the gynæcologist is grouse-shooting, or salmon-catching, or leading the fashion in the upper Engadine. Her mind thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus, and you fix in the woman the arrow of hypochondria, it may be for life." It would be well if these words were prefixed to every work on gynæcology.—*London Correspondent of Medical Times.*

OBSTETRICAL EXPERIENCE.

A SHORT time ago I was called to see Mrs. L., aged 30. The messenger did not know what the trouble was, but said she had fallen a few days before and had not been well since.

I arrived at the house in about an hour, and on entering the room took in the situation at a glance, enough to say, "There's something coming." Found the pains regular, every three minutes. On making an examination, I found a leg and an arm protruding into the vagina. A closer examination revealed the fact that it was a case of twins, and that the arm belonged to one child and the leg to the other. During the subsidence of the pains I pushed the arm back and made traction on the leg, and was soon rewarded by the delivery of a boy. A few minutes afterwards, I succeeded in bringing down the feet of the other, and without more than ordinary trouble delivered a girl. The single placenta came away within fifteen minutes; uterus contracted well without the use of ergot or quinine. Weight of both children fifteen pounds.

I had been with the mother before in labor, but this time she claimed she did not suffer half as much as before. I merely write this to show that we never know what to expect when called to cases of confinement.

I will wind up by repeating the joke told upon a young doctor of this State. His preceptor sent him out on his first case of confinement. He was gone three days. When he returned the old doctor accosted him thus:

"Well, George, got through all right, did you?"

"You bet, I did, but had the devil of a time."

"I suppose the mother and child are doing well, are they?"

"N-o. The mother and child are both dead; but (brightening up,) by George, I saved the old man."—MEDICUS in *Peoria Medical Monthly.*

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

DOCTORS AS DISEASE PROMOTERS.

The medicinal treatment of hysteria confessedly belongs among the opprobria of medical art, hence it is no uncommon thing to hear physicians declare their utter helplessness while standing by the bedside of an hysterical patient. They will sometimes confess that one by one all the means which have ever been found to do good in similar cases, have been tried, but all in vain, that really there is no disease to cure, that it is an imaginary or nervous disorder and nothing can be done, all of which may be true enough, and yet they fail to appreciate the most important element in the case, and that is their own presence, which forms the root and foundation of the malady. Suppose for instance the case of a girl who fancies herself the victim of paraplegia, or some similar affection. (Cases of aphonia are common enough, but has anyone seen a case of labial paralysis under such conditions?) She goes to bed and becomes another being. Like Columbus she discovers a new world—more than that, she *creates* one—of which she is the center. She is the pale and interesting invalid, and receives the sympathies of anxious friends, the care of nurses, the consolation of the clergyman, and, worse than all, the frequent visits of the family physician who prescribes "remedies to soothe the nervous system," or those to "promote innervation." This is her perverted life; this is "her little game." Possibly the doctor while bemoaning the poverty of our materia medica, states it as his opinion, that much of the trouble is due to "nervous exhaustion," orders iron and quinine, and perhaps galvanism, and so the play goes on. That the whole affair is a drama of the patient's own creation, of which she plays the leading role, he cannot or will not see. She is to be ill, she is to have her doctor and enjoy in her morbid way all the interesting surroundings of the invalid. Does he not see that to cure her, he must rudely break into the charmed circle, or to spoil the play, he must get rid of some of the actors? Even if he has no influence over others he might at least withdraw himself.

Or, again, imagine the case of a married lady, who, to spite her husband—that requires no great stretch of the imagination—says, "I will be ill, and have a doctor to attend me." How is she to accomplish this if the doctor declines to play the part

assigned to him? Or if he accepts the part, how in the name of common sense can he say he cannot break her of her fancy while he is a party to it? If he sees the true nature of the case his plain duty as professional adviser to the family is to retire from the case and do all in his power to prevent another medical man from being called.

In one of the worst cases of hysteria which has ever come to our knowledge, a young lady had been bedridden for three years. She had been leeched, and blistered, and rubbed with all manner of ointments and liniments, beside being treated for gynæcological disease, while the amount of physic she had swallowed was fearful to contemplate. The medical attendant suddenly died, and his estate being insolvent—who ever heard of a doctor who was solvent?—the administrator presented a bill to the father, who declared that his daughter was ruining him, and he would have no more doctors. From that time the girl began to recover and was soon quite well.

Of course if the physician is wise and judicious, there are various ways in which he may thwart the scheme of the interesting young lady who has become the presiding genius, not of the family alone, but of the whole circle of acquaintances. Our complaint is against the acts of the medical man, who pays a daily visit to such a patient, sends her physic to be taken every four hours, besides sleeping draughts, prescribes a very particular regimen, consisting of all sorts of delicacies, and then says he cannot cure her of an imaginary complaint. Next to giving her medicine when he knows there is nothing the matter with her, the worst thing is to diet her, for there is nothing so powerful in perpetuating a nervous malady as that. If he was to say, "No more medicine, and as for diet eat and drink what you like," he would be administering a moral stimulus more efficacious than all the iron and quinine she had ever swallowed.

A young lady keeps her bed for two or three years for an affection of the hip, and is seen by all the leading physicians in the city. The family physician advises a change to the seaside, and she is carried to Old Orchard on a couch. While there she is prevailed upon to try the "faith cure." She professes to have no faith in it, but the clergyman comes, and prays over her, and she gets up and walks. The religious journals report it as a miracle, whereupon the doctors all join in saying that the case was one of hysteria, and that there was nothing the matter with her. Then why was she subjected to local treatment and to the infliction of physic ever day for years, we ask? Why did not the doctors do, in effect, what the parson did? Of course the utmost acumen is required in order to make the diagnosis, for it

is as cruel to call every female hysterical, as it is baneful to treat every malady as real. It is the doctor's daily labor to unravel the meaning of pain and determine whether it has a real seat or whether it be subjective. We would not attempt to lay down rules for the diagnosis, in fact none can be laid down, every case must stand on its own merits. We are merely offering a quota toward the value of moral treatment of genuine cases of hysteria and of the harm done by all other means.

AN EDITOR'S ADDITION TO THE THERAPEUTICS OF "A COLD."

This is the season of the yeer for "catching cold." The fact that no one was ever known to catch heat is spoken of as evidence that heat travels faster than cold. Patients with "a cold" seldom consult a physician unless it is unusually severe, but since they do come occasionally it is well to have the most successful methods of treatment in mind. The first object in the treatment of any disease is diagnosis. This is difficult in some diseases, and the treatment proportionately so. Of a cold, however, a few questions will usually suffice: "You do not look well, how's your cold?" "Breddy bad thag yer"—and there, the first difficulty is solved, the diagnosis is clear enough. Skill in diagnosis usually implies competency for treatment, and who so competent to arrive at a correct diagnosis of a cold as an Editor? The very nature of his occupation favors it, as intent, upon his work, he sits in the highest, coldest, and generally most cheerless room of the establishment, his only thought for the future being of benefiting his readers and getting out in time.

Editors are seldom dandled in the lap of luxury. They may seem a rolicking set of fellows, but they know what it means to have "the nose on the grindstone," and are very familiar with colds, cold shoulders, etc. It was an editor who, when asked why he spoke of a ten dollar greenback as a "ten dollar William," said he did not feel well enough acquainted to call it "Bill."

As he sets with ink-daubed fingers, head bent over his work, and a nose that volunteers to drop by drop, do the punctuating gratis, who—we repeat—can have a greater interest in a cold than an Editor? The whole fraternity and all their readers owe a debt of gratitude to the Editor who placed on record the following plan of treatment which was successfully carried out by one of his corps: He boiled a little boneset and horehound together, and drank freely of the infusion before going to bed. The next day he took five pills to "open the bowels"—they did open them and no mistake—put one kind of plaster

on his breast, another under his arms, and another on his back. His mother put some onion draughts on his feet, and gave him a lump of tar to swallow, and a friend of his mother advised him to apply a mustard paste after removing the plasters. They came off hard, but he finally removed them using an oyster knife. Then he put hot bricks to his feet and went to bed. Next morning another old lady, "a dear old soul," brought in some goose oil and gave him some on a quill, and an aunt arrived from the country bringing a bundle of sweet fern, which she made into a tea and gave him every half hour until noon, when he took a large dose of salts. Later in the day he took a half pint of hot rum at the suggestion of an old sea captain in the next house, and steamed his legs with an alcohol bath. At this crisis an old lady from the next block, who had had much experience in doctoring, arrived, who saw at once that his blood was out of order, and gave him a half gallon of spearmint tea and a big dose of castor oil. Before going to bed he took eight of a new liver pill, wrapped a flannel soaked in hot vinegar and salt about his neck, and had feathers burned on a shovel in his room. He is now thoroughly cured and full of gratitude. We advise our readers to cut this out, and keep it where it can be readily found, for the benefit of those who make it a practice to stop the doctor in the street and make a casual conversation, the means of obtaining advice gratis.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY

The twenty-fourth annual meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, Boston, Thursday and Friday, June 5th and 6th, 1884, at 10 o'clock, A. M. J. D. Young, M. D., of Lawrence, will be the orator, while among the essayists and subjects announced are the following: William Wyman, M. D., Cheyenne, Wyo. Ter., subject, "Our Western Climate and Consumption;" W. H. A. Young, M. D., Springfield, Mass.; J. P. Bills, M. D., Hyde Park, Mass., subject, "Infantile Therapeutics;" R. A. Reid, M. D., Newton, Mass., subject, "Suspicion of Poisoning;" C. E. Miles, M. D., Boston, Mass.; Pitts E. Howes, M. D., South Boston, Mass., subject, "Conjunctivitis;" H. G. Newton, M. D., Boston, Mass., subject, "Fracture of the Pubis." The election of officers will take place on Thursday at 10 A. M. The annual oration will be delivered on Friday at 1 P. M., followed by the annual dinner at 2 P. M.

For the above we are indebted to Dr. P. E. Howes, who, as Corresponding Secretary, arranged the above programme, and has given us other valuable assistance.

IN MEMORIAM..

CHARLES LYNDE passed away at midnight Friday. This was the unexpected and startling announcement that came to us on the morning of the 24th ult. How much was meant by this simple announcement of the passage of another soul from time to eternity, only we who knew him can understand. His geniality, his good fellowship, his great kindness of spirit, his broad and generous regard for his neighbor, of whatever manner or condition, with other good qualities, endeared him to all who knew him well. Hence as friends we mourn his death.

At the time of his decease, Mr. Lynde was forty-seven years of age. When last we saw him, he complained only of the effects of "a cold," from which, he said, he was recovering, but we learn that later he became confined to the house and on the 21st sank into a state of unconsciousness, which gradually deepened into death. Basal meningitis is said to have been the cause of the fatal event. The funeral ceremonies occurred on Sunday, May 25th, at his residence in Chelsea, Post 35, G. A. R., of which he was a member, attending the services in a body.

He was well known to the printing fraternity of this city, and at one time or another was connected with the Boston Journal, Herald, Mail, and with most of the papers in existence twenty-five years ago. He published the "Voice," and was in charge of the advertising department of the Saturday Evening Express. He was a volunteer during the war of the Rebellion, going to the front with the First Massachusetts Light Artillery on the first call for troops. After two years of active service he was discharged for disability. When the JOURNAL was first established, Mr. Lynde assumed the position of publisher, and over such obstacles as would have disheartened most men he conducted it to its present established success. Having been intimately associated with him for nearly two years, we had come to understand the sterling qualities he possessed, and to thoroughly like and respect him. Faithful to duty, strict and impartial in his demands to stand to the full measure of every requirement, whatever its nature, possessed of the strictest integrity, his was an example worthy of emulation. Into the sacred privacy of family affliction, into the desolate grief of bereaved ones, we may only intrude to express our deep sorrow and heartfelt sympathy, trusting that God in his mercy has taken our friend and their loved one for his own good; and as He tempers the wind to the shorn lamb, so may He give them strength to accept their loss with a spirit of christian resignation.

PERSONALS, BRIEFS, ITEMS, ETC.

The many friends of Dr. C. E. Miles of this city will be pleased to learn that he has been greatly benefitted by his sojourn in "Ole Verginny," and will arrive at home in time to participate in the exercises of the coming meeting of the State Society. We publish elsewhere an interesting letter from him.———*What the Code* has been for the New York Medical Society, the Medical Woman question is for that of Philadelphia. The ladies it is said, have adopted the policy of presenting themselves as candidates one at a time, and as this brings a new applicant at each meeting it forces the opposition to turn out regularly each week, in consequence of which the attendance is phenomenally large. ———*The late Dr. J. Marion Sims*, was universally admitted to be one of the first authorities on gynecological subjects. The following which is clipped from a back number of the *Medical Gazette*, seems of interest:

I have used S. H. Kennedy's Concentrated Extract Pinus Canadensis in some affections of the rectum, vagina and cervix uteri. I have used it considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine and rosewater. Thus applied it should remain intact for two or three, or even four days and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks; and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica.

J. MARION SIMS, M. D.

267 Madison Avenue, N. Y.

This is no paid puff of a proprietory article by Dr Sims, but a deserved endorsement of a valuable preparation.———*Medical London* has been much exercised over the fact that John Bright who is ill, has called on a homœopath to attend him.———*It is rumored that a new medical college* is to be started in this city which will be the medical department of Tufts College.——— *Although the manufacturers of Hydroleine* modestly call it a hydrated oil, it is really a mixture of pure cod-liver oil, with pancreatin, soda, boric and hyocholic acids in addition to distilled water, and is tolerated to a remarkable degree by patients whose stomachs are too delicate to digest the oil alone. We have witnessed several instances of this fact ourselves, and *speak excathedra.* The digestion of the oil being partly effected by its treatment as above mentioned, it is readily assimilated by the human system, and the good effects of cod-liver oil in phthisis and kindred diseases are both hastened and anhanced.———*Dr. Feld reports* in the *Clinique* that in six cases of adherent placenta, he has saved the woman by injecting cold water through

the umbilical cord.———*The body of Prof. Samuel Gross*, was cremated, as during life he had expressed a desire that it might be thus disposed of.———*A case is* reported in the *British Medical Journal*, of a girl 16 1-2 years of age, the duration of whose pregnancy—the result of a single intercourse—was 306 days.

CORRESPONDENCE.

HYGEIA HOTEL,
OLD POINT COMFORT, VA., } May 6th, 1884.

TO THE EDITOR:

Having been here nearly a fortnight, I will, as you requested, give you my impressions of the Hygeia and what I have learned of Old Point Comfort as a health resort.

First of all let me say a word about getting here from Boston. A portion of a day must be spent either in New York city or Baltimore, as trains do not arrive in New York in time to connect with the 3.40 P. M. train on the Pennsylvania Road, nor with the 3 P. M. boat of the Old Dominion Line; a sleeping car can be taken over the New York and New England Railroad at 6.30 P. M., arriving at Baltimore the next morning at 9.30. Here a halt is necessary until 8.30 P. M., when by taking steamer the Hygeia is reached next morning at 8 o'clock. Or the 3.40 P. M. train from New York connects with the same steamer at Baltimore.

But when here what has the invalid or the wearied person for a home? It gives me pleasure to answer that question; for the prime requisites for restoration to health, or for resting and recruiting an exhausted body or mind, are genial environments, an invigorating atmosphere and a generous and nutritious diet all of which are to be found here. The Hygeia can accommodate about 1000 guests. Nearly one-half of the rooms overlook the quiet waters of the Hampton Roads, are sufficiently capacious, and are furnished with all necessary appointments. The beds are especially good, a most important item, and one too often neglected. The hotel has elevators and is warmed by steam heat, but every room is furnished with an open fire-place which affords perfect ventilation, and may be used, if desired, at a moderate increase of expense. The tables are abundantly supplied, while the cuisine is exceptionally good, in fact the most homelike that I have ever found in hotel life, while the fish, especially the shell fish, would satisfy even the most epicurean taste. The drainage is most thorough and perfect, and the drinking water is stored in an immense reservoir and then filtered thoroughly. Every facility is furnished for medicinal baths and

salt water bathing. The Turkish, Russian and electric baths are fitted up in the most approved manner; hot salt water baths are on every floor in the hotel, and one passes directly from the hotel into his sea water bath.

Fortress Monroe is but a few minutes walk from the Hygeia, while the Soldier's Home and the Hampton Normal School and Agricultural Institute are but a short drive away, and are the chief points of local interest. Boating can be enjoyed in its season, and carriages for driving are at all ferries.

Judging from report, and what I have experienced while here, the climate is mild and bland, but changeable. The north wind and the east wind reach here, but are of short duration, and are robbed of the sharpness peculiar to them in our northern home. The meterological observations show the average Spring temperature to be 54.3°; summer, 70°; autumn, 57°; winter, 47°. This shows the minimum variation of temperature on the Atlantic coast for each of the seasons. It is said a "sharp snap" of cold seldom holds on here more than forty-eight hours. The sanitary record of Old Point Comfort is excellent, and it is believed that not a single case of miasmatic fever has originated here in many years.

I have not been here in the winter, but from what I learn from those who have, and from present observation, I am confident that persons affected with pulmonary difficulties who early in the season are leaving for the South, and those who are returning North as the warmer weather comes on, and who are not discomforted by the sea air, might find the Hygeia a favorable place for a brief stay, but not a winter resort. But as a place for rest and recuperation for the over-wrought, and for such as seek a place for restoration from general prostrating disease, I am satisfied that Old Point Comfort and the Hygeia can hardly be surpassed if equalled. The climate is delightful nearly all the year; there is great tonicity in its sea breezes; quiet and restfulness pervade the very atmosphere, and the hotel affords every comfort that one can hope to obtain outside his own home. So far, New Englanders I am sure, have not half availed themselves of its benefits.

Very truly,

C. E. Miles, M. D.

STATE ASSAYER AND CHEMIST FOR MASS.
Sanitary and Medical Analysis.—Hygienic Research.—Forenic Examinations.
——Expert Testimony and Investigation.——
W. FRENCH SMITH, Ph. D.,
No. 235 Washington Street, P. O. Box 3126, - Boston.
(CORRESPONDENCE INVITED.)

Gelatin-Coated Pills.

We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to essay Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

2. The Preparation of the Pill Mass.

Our appliances for the preparation of the pill-mass ensures the most perfect distribution of its constituents. Being conducted by means of mixing pans and rollers run by machinery, this part of the process of manufacture is infinitely superior in its results to anything that could be done by hand.

3. Methods of Manufacture.

Our pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

4. Strict Conformity to Formula.

We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

5. Permanent Softness and Solubility of the Pill Mass.

In this important feature our long and extensive experience has enabled us to achieve results which are probably attained by no other manufacturer. The excipient is adapted in each instance to the nature of the ingredients, no uniform excipient being employed, as is the usual custom.

6. Preservation of the Drug.

A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our pills the nature of the excipient and the coating, is strongly preservative of the ingredients. As a test we invite an examination of our phosphorus pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

7. Solubility of the Coating.

We employ only the best quality of gelatin and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our pills will be found to dissolve as readily as gelatine itself, under parallel circumstances.

Having thus indicated the special features of our pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatin-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

Parke, Davis & Co.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Urinary Test Papers.

A set of chemical reagents which can be carried in the vest pocket, and comprehending tests for all the important morbid conditions of the urine, is something which may in truth be said to supply a want long felt by the physician. Such a set of reagents we offer in these test papers. Slips of bibulous paper are charged with the several reagents and these are neatly arranged in the case with full directions for use. The reagents include:

1. Litmus paper (neutral).
2. Copper test for sugar, practically the same as Fehling's solution.
3. Picric acid, employed in connection with sodium carbonate as a test for sugar; in connection with citric acid it is an extremely delicate indication for albumen.
4. Sodium carbonate, used as just mentioned.
5. Citric acid, employed in testing for albumen in connection with the three following reagents:
6. Potassium ferrocyanide.
7. Potassio-mercuric iodide.
8. Sodium tungstate.

Finally the citric acid paper may be used in connection with common salt as a reagent of extraordinary delicacy in testing for albumen. As an additional test for sugar, the physician may use, from his pocket medicine case, a little sub-nitrate or sub-carbonate of bismuth, in connection with sodium carbonate. For albumen, he will of course always employ the test by heat, in addition to the precipitation tests.

Thus he will be provided with the means of making in the sick-room a very complete examination, for clinical purposes, of any specimen of urine suspected to be abnormal. The idea of these bedside tests originated with Dr. G. Oliver, of Harrowgate, Eng. Dr. C. W. Purdy, in an article in the *Journal of the American Medical Association* (Jan. 19, 1884), mentions especially the sodium tungstate and potassio-mercuric iodide as valuable additions to our list of urinary reagents, and recommends the test papers as of great value in enabling the physician to make preliminary tests at the bedside of the patient.

These Urinary Test Papers are put up in convenient vest-pocket cases, containing a supply of the above reagents with directions for their use at the bedside of the patient. PRICE PER CASE.....50 cts.

PARKE, DAVIS & CO.,

Manufacturing Chemists, *DETROIT, MICH.*

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

Ridge's Food for Infants and Invalids,

Manufactured by WOOLRICH & CO., Palmer, Mass.

THE wide and well-earned repute won by this preparation during nearly thirty years, throughout Great Britain and her Colonies, as well as in the United States, has naturally raised up a host of competitors. Against fair and open rivalry, we have no protest to offer: the field is open to all. But against the wide circulation of plausible fallacies and slanderous imputations we must take issue. It has pleased some of our competitors to reprint and distribute with their own circulars an article, in pamphlet form, on "Infants' and Invalids' Cereal Foods," which originally appeared in *The American Medical Weekly of New York*. The author, Dr. Ephraim Cutter, professes to have infallibly discovered the comparative nutritive value of the most popular cereal foods by means of the microscope; and, while extolling one or two favored products (one manufactured by his brother-in-law) he levels against the other manufacturers a sweeping charge of fraud. The *semblance* of scientific precision which characterizes this paper is well calculated to win inconsiderate approval. But, under the scorching criticism of eminent scientists, its simple worthlessness has been clearly exhibited. According to Dr. J. G. Richardson, of Philadelphia, "The whole basis of the essay is an unfortunate error, which does serious injustice to the cause of true science"; while Professor Albert R. Leeds, of the New Jersey Council of analysts, having given a prolonged attention to a microscopical and chemical investigation of several of the foods mentioned by Dr. Cutter (*v. Letter to New York Times, June* 9, 1882), states that "chemical analysis invariably proves the fallacy of his conclusions."

"So far," continues Dr. Leeds, "as I have examined, he manages in every instance to extol the poorest and denounce the best" and now following up that letter to the *Times*, whose editor had been misled into laudatory comments on Dr. Cutter's article, comes an exhaustive paper on "Health, Invalids' and Infants' Foods," officially contributed by Dr. Leeds to the Sixth Annual Report of the New Jersey Board of Health.

In this Report, while conceding to Ridge's Food, "a considerable percentage of albuminoids," he finds in three preparations, largely advertised as imitating Liebig's formula, but a very small proportion of nitrogenous elements; and yet all three stand high in Dr. Cutter's view, so true is it that "the eye has a marvellous proneness to see whatever the mind is previously persuaded actually exists."

It is one of the preparations especially,—"looking and tasting," says Dr. Leeds, "very much like pulverized molasses candy"—which Dr. Cutter's pamphlet is circulated to favor.

Of these three, Dr. Leeds further adds, "The objectionable feature in all this class of foods is their extremely low percentage of albuminoids as compared with the carbo-hydrates. THIS OBJECTION WOULD BE FATAL TO THEIR CONTINUED USE, *unless when accompanied by a sufficient amount of milk to change entirely the relative proportion of their ingredients.* This being the case, and the required amount of milk being large, their quality, *as food*, would depend upon the *quality of the milk used* in connection with them."

But the final test of the wholesomeness of food is neither microscopic nor chemical. It is with the subtler powers of the vital organism we have at last to reckon; and herein, as regards Ridge's Food, the accumulated experience of thirty years speaks convincingly. A few years ago, a Western Professor, addressing his class of medical students, said of our product that "it proves in practice all that it promises in theory"; and we are confident that a fair trial by those who have not yet used it will confirm that verdict. Respectfully, WOOLRICH & CO.

Physicians as yet unacquainted with RIDGE'S FOOD will confer a favor on the manufacturers by writing for a sample for the purpose of testing its merits.

☞ *PLEASE SEND FOR PAMPHLETS.*

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered.*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

THEODORE METCALF & CO.,

39 TREMONT STREET, - BOSTON.

ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ ***Especial attention to manufacturing for Physicians from Private Formulas.***



FOR INFANTS AND INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

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MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

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MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

DOLIBER, GOODALE & CO.,

41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

FOR CONSUMPTION AND WASTING DISEASES,

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure Cod Liver Oil	80 m. (drops.)	Soda	1-3 grains.
Distilled Water	35 "	Boric Acid	1-4 "
Soluble Pancreatin	5 grains.	Hyocholic Acid	1-20 "

DOSE.—Two teaspoonfuls alone or mixed, with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞COPIES OF THESE VALUABLE WORKS WILL BE SENT FREE ON APPLICATION.

HYDRATED OIL,
HYDROLEINE,
WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all clases, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION. FAT.

KIDDER & LAIRD, Agents for the United States,

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PNEUMATIC ASPIRATION.

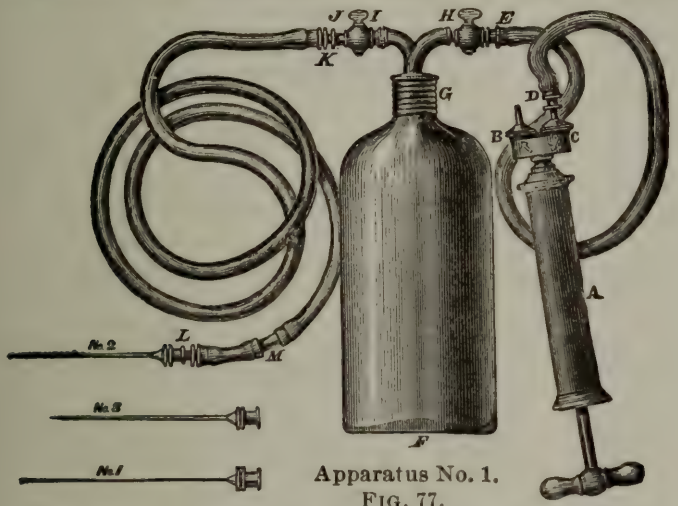
AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.



FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healhy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condeused air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condencing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)..... ***$16.00***

No. 2. The same, without receiver and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... ***$14.00***

No. 4 Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents)..... ***$6 00***

ALSO, ***Dieulafoy on Pneumatic Aspiration,*** post-paid, by mail, on receipt of..... ***$3.40***

☞FULL DESCRIPTION ON APPLICATION.

Caution—Faulty and even dangerous imitations of our Aspirators and Atomizers having appeared, we suggest the need of caution in purchasing.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

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MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

13 and 15 TREMONT STREET, - BOSTON, MASS.

REED & CARNRICK'S

BEEF PEPTONOIDS

COMPOSED OF THE NUTRITIOUS CONSTITUENTS OF

Beef, Wheat and Milk,

FORMS IN ITSELF A PERFECT FOOD.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It is partially prepared for assimilation, and, therefore, makes but little demand upon the digestive powers of the gastric juice.

4th. Being in the form of a dry powder, it will keep in any climate.

5th. It contains over 90 per cent. of nutritious matter.

6th. It contains twenty-five times more nutritive matter than Liebig's Extract of Beef or similar productions.

7th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

8th. Beef tea and similar preparations to Liebig's contain but little else than the osmazone and stimulating properties of the beef, and are, therefore, almost valueless as constructives.

9th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

10th. It has the advantage of being easily and quickly prepared for use.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rheinish Prussia, Bonn, in a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing powers of various natural and artificial foods for infants and invalids, gives the following results as far as concerns their nitrogenous nutritive constituents:

Beef Peptonoids..... 70%

	Per Cent.		Per Cent.		Per Cent.
"Caviar	25.81	"Fowl (breast)	16.56	"White Bread	7.20
"Revalenta	19.93	"White of Egg	13.48	"Biscuit	6.71
"Smoked Ham	18.93	"Yolk "	13.01	"Oysters	5.78
"Fresh Beef	18.53	"Infants'Food	9.90	"Cows' Milk	4.00
"Extractum Carnis (Liebig's Beef)					3.40

"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—*New York Medical Times.*

According to Dr. Stutzer's valuation of beef tea, a patient would be obliged to consume eighty pints of that deceptive liquid (prepared from eighty pounds of steak), before he could obtain the flesh-forming constituents present in one pound of **Beef Peptonoids.**

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 Fulton St., New York.

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MALTINE.

(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of. any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M. D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

" 'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—" 'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M. D., F.C.S., University, Mich.:

Jan. 7, 1884.—" 'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M. D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesscs donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

THE MALTINE MANUFACTURING CO.,

JOHN CARNRICK, President, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

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NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injuries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80½ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine*. Has been relieved of all pain: all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

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ANGLO-SWISS MILK FOOD.

Made at Cham, Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.



TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

"We find that it agrees with each case."—M. SPENCER, Matron Philadelphia Infant's Home.

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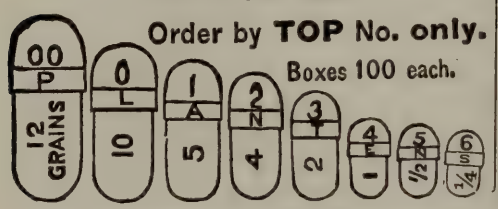
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Hard and Soft Elastic { 9 Sizes: 3, 5, 10 and 15 Min., and 1, 2½, 5, 10 and 15 Gram. } **All Kinds Filled.**

EMPTY, 8 Sizes.



RECTAL, 3 Sizes. 3, 6 and 12 grain.

VAGINAL, 4 Sizes. 1-8, 1-4, 1-16 and 1-32 ounce.

HORSE, 5 Sizes. 1, 2, 3, 4 and 8 drams.

For giving liquids or solids to Horses and Cattle.

DOG WORM. 5 Minims Oil of Male Fern.

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For taking medicines free of taste, smell, injury to teeth, mouth or throat. 100 BY MAIL, 50 CENTS.

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THE MOST NUTRITIOUS AND CHEAPEST FLOUR KNOWN. The best food for all, in health or sickness. Best diet in the world for **DYSPEPTICS AND INVALIDS.** Testimonials from the most eminent Physicians in **ALL PARTS OF THE U. S.**

Makes the most palatable bread. Its value as a food for Infants, Children and Invalids fully set forth in our Illustrated Pamphlet which is sent to any address, and shows the structure and chemical properties of wheat. **FREE**

PRICE, $7.00 PER BARREL.

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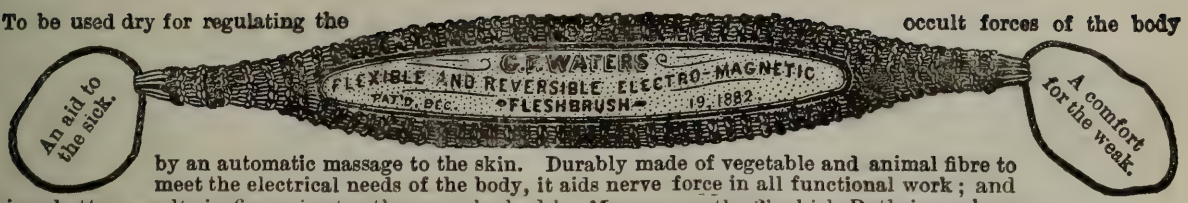
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To be used dry for regulating the occult forces of the body



by an automatic massage to the skin. Durably made of vegetable and animal fibre to meet the electrical needs of the body, it aids nerve force in all functional work; and gives better results in five minutes than can be had by Massage or the Turkish Bath in an hour.

J. B. M., a Boston publisher, after two months use, said:—"Your brush is going to make my fortune. It will save me $50 a year in bath tickets, and *more than fifty hours time.* My skin is cleaner and I feel better than when I took the baths once a week."

Miss E. J., a Boston school teacher, supposed to be in the last stages of tuberculosis when she began, August 1st, 1883, the use of this flesh brush, after two months experience, wrote:—"I am using your brush twice a day. I am sure it is doing me good. My skin is in splendid condition. I feel well, and am increasing my avoirdupois," After four months more experience from its use she said:—"I like it very much indeed, I feel perfectly well, and I am heavier now than I have ever been. I would not be without it for anything. I would rather buy one every year. I've not had a cough nor a cold since I began to use it."

Wm. H. W., M. D., Dorchester, Mass., after four months use in a "trying time of the year," said:—"It's a good thing, I have not been so free from rheumatism for years as since I have been using it. I had previously tried all the various remedies, including massage, without any amelioration of the trouble."

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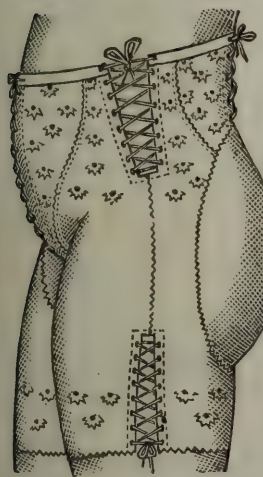
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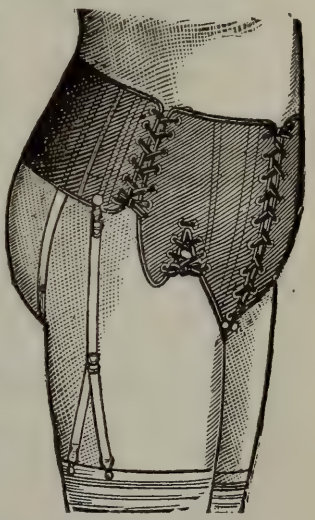
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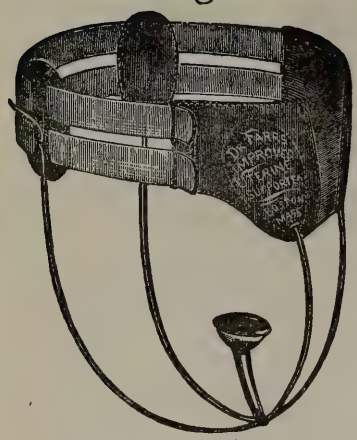
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Fig1.



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Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00

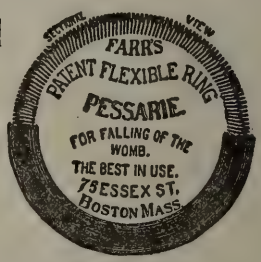
Fig2.





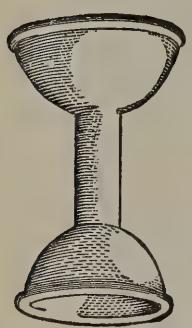
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, 2¼-inch outside diameter.
No. 4, 2½-inch outside diameter.
No. 5, 2¾-inch outside diameter.
No. 6, 3-inch outside diameter.
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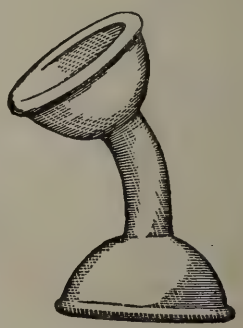


Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

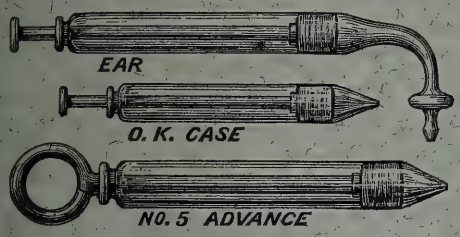
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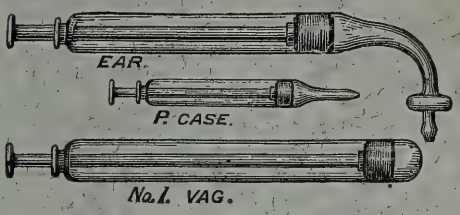


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

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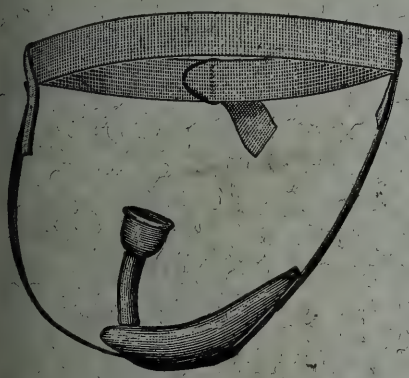
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FIG. 1.



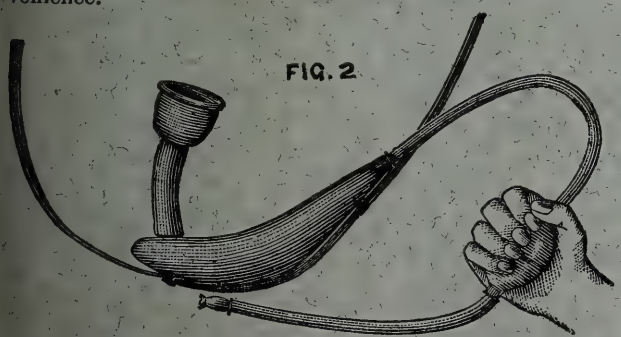
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By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.

FIG. 2.



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing. the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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VOL. 4. JULY, 1884. No. 7.

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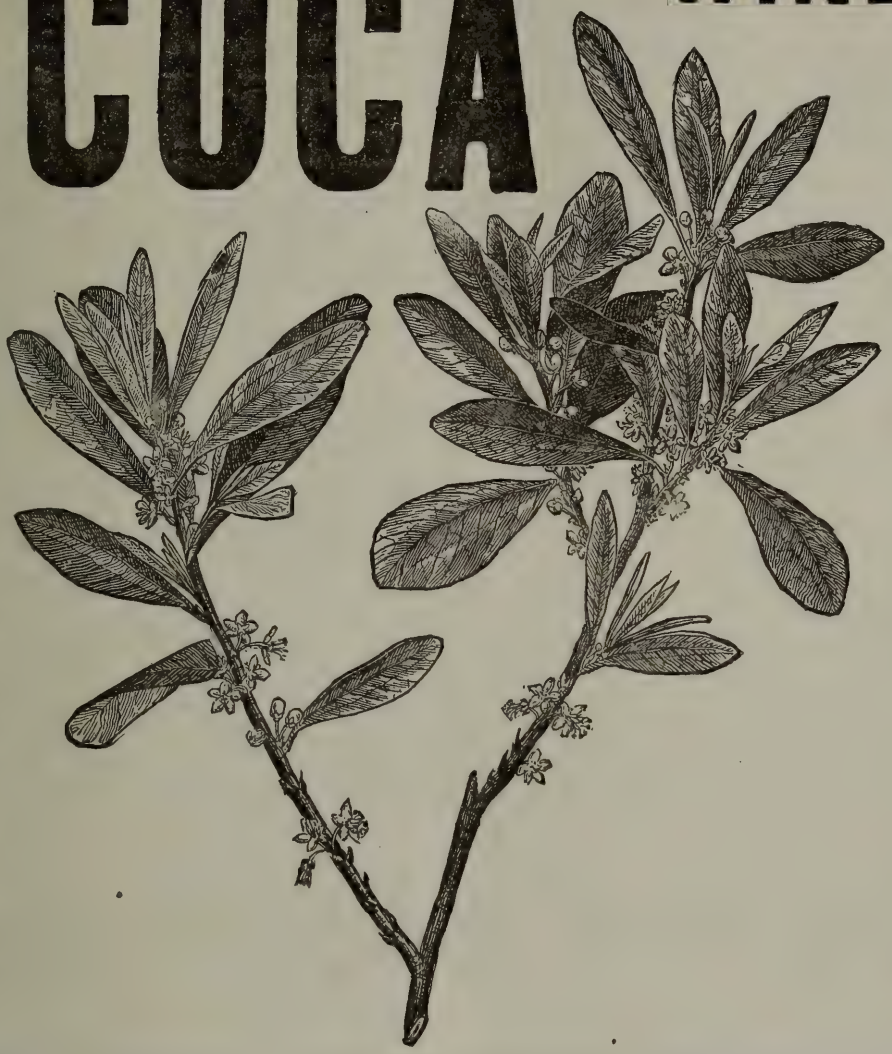
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R. A. VANCE, M.D.

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C. M. FIELD, M.D.

St. Louis, July 20, 1883.
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C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.
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T. S. BELL, M.D.

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O. D. NORTON, M.D.

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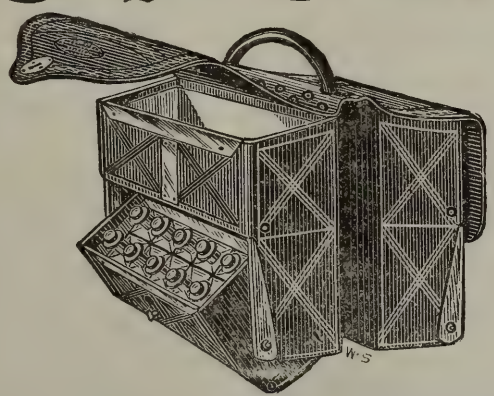
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Malt Foods (the various preparations of barley, etc.) is the same, that they all require cow's milk, even were there no objections to them on other grounds. Under the heading of

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 4. BOSTON, JULY, 1884. No. 7.

ORIGINAL COMMUNICATIONS.

INFANTICIDE.

BY J. S. ANDREWS, M. D., TAUNTON, MASS.

"TAKE heed how ye despise one of these little ones, for I say unto you, in heaven their angels behold the face of my father in heaven." I am not about to preach a sermon, or even give an exegesis of this obscure text; but simply observe that the figure is supposed to be taken from the custom of allowing those who had in charge the royal infants to have free access to the presence of the king. But this much is certain; it teaches us that the great Father has a special care of, and love for, the little ones, and solemnly warns those who would do them harm. He who "loves us to the end," loved us in the beginning: and who shall decide that this was at the third, fifth, or ninth month of fœtal life? The sin of Onan for which he was smitten with sudden death, was for the destruction of living germs *before* conception. If he sinned a sin unto death by refusing to raise up children to his brother, what added sinfulness is that which destroys a life which has begun an existence?

Infanticide dates back to an extremely ancient origin, and was prevalent among pagan nations from the earliest times. The Roman matrons threw off the burdens of pregnancy whenever they interfered with their pleasure or convenience, until it was prohibited by severe penalties. Plato and Aristotle advocated

abortion as necessary to prevent an excess of population, and they taught the same doctrine that many still do; that the child has no soul previous to birth, and consequently the destruction of the fœtus is not murder. This ignorance might be winked at in a pagan 2000 years ago, but now no intelligent physiologist will deny that life begins at the beginning, and the sooner the sophistry that life cannot commence until "quickening" or the sensation of motion in the uterine cavity, be refuted, the better will it be for physician, mother and child. That many intra-uterine lives are destroyed by those fully believing in the non-viability of the fœtus, is no doubt true; and it is also shamefully true, that there are doctors so ignorant, as to believe it. But there are other excuses besides ignorance of physiological law, for palliating this arrest of intra-uterine life; for instance: one will declare that she cannot, and will not, bear the suffering a second time; another asserts that her former physician positively assured her that she could not survive a second confinement; another, that children have been born of her so fast and so many that she has no vitality to impart, and they will only be born to die as others have; another, that they are too poor to provide for them.

One of the most absurd and yet frequent reasons adduced, is that they have been fearfully frightened, and know the child will be horridly marked in consequence. Still another, which is more reasonable than the former, is that their pregnancy is the product of a dissolute, diseased or drunken companion.

A still more importunate request comes from those who desire to hide an indiscretion (that is putting it mild) before marriage, who do not dare to trust the doctor's affidavit that it is a six months child, to escape reproach. Every physician of any considerable experience, has to meet these solicitations, and if he has not decided the question in its moral, religious and legal aspects, he will be very likely to yield to them. The application often comes from patrons of fashion, wealth and respectability. Their reasons for it are put forth as urgent and conclusive—often urged by both husband and wife,—backed by the promise of a fee that is no trifle in the eyes of the impecunious disciple of Galen, and the alternative is, that non-compliance will result in the employment of another who will comply, and the refusal

places the physician at a disadvantage, for he cannot give publicity to the cause of the change, for the physician must be the sacred arcanum of all his patients, whether the secrets committed to his keeping are good or evil. Nor is it honest to try to persuade the applicant that she may be mistaking the effects of a cold, or some other disturbance, for pregnancy; neither is it compatible with professional sincerity to send the person away with a prescription warranted to produce the desired result, which, it is known, will produce no effect whatever.

But there is another class of applicants who violently demand our interference. They have dwelt upon the subject with such morbid apprehensions of danger or disgrace, that they have become monomaniacs; they have jumped from ladders, rode hard trotting horses and been thrown, have slid down stairs prone and head first, have taken oil of tansy by the drachm, and whiskey by the pint, and all to no purpose, and they declare that if we refuse to aid, they will suicide! Let them!; reason and dissuasives are thrown away upon these; unless they can be made to fear something more terrible than the birth of a child, they will resort to those who slaughter the innocents as remorselessly as did Herod.

There is still another class which appeals to our sympathies more than any other. These are the victims of misplaced confidence and affection; youthful, beautiful, artless and unsuspicious, never taught by wise mothers to avoid the slightest approach of the tempter; having yielded their affections to one they believe to possess the soul of honor, they do not withhold anything else, and then deflowered, dishonored and deserted, they apply to the physician to aid them in hiding their shame from their unforgiving sex! If this can be kept from the eyes and ears of the world, they may yet hope to be respected and become wives beloved, and mothers of happy children; but otherwise, forever cast out of society and companionship. The tears and pleadings of such are hard to resist. But not always is this state of things, in consequence of a trusting heart yielding to a stronger will and lustful passion. I have been informed by one who was himself a participant in the assignation—to call it by no harder name—that sexual intercourse between affianced parties, was deliberately discussed by both sexes, and gravely

decided not to be criminal in itself, but promotive of a stronger and purer affection. I might think such vulgar ignorance possible among the half grown children of the debased portion of the community, but such a confession from intelligent persons of good families; themselves engaged in responsible business, seemed so shocking that I could not have believed it if the evidence had not been conclusive. It sometimes seems as if the parents and spiritual teachers of this generation had left out the seventh commandment from the decalouge, or had never read that divine explanation of it, which declares a lustful look, adultery in the heart. But the sin of infanticide, like all sins against the body, leaves its damning mark upon its author. How often a life-long misery is entailed to escape maternity; how many cases of prolapsus uteri are the result of procured abortion; how often slight exertion has been followed by excessive hemorrhage due to the same interference with nature's beneficent laws.

In the earlier years of my practice, I attended a young, strong, healthy woman in several confinements. They were sharp and incisive, but the recuperation was prompt and satisfactory. She decided, however, to abridge the next pregnancy. A physician of Worcester furnished the means, and everything seemed favorable, when a sudden flowing set in, and carried life with it before medical aid could be summoned. More recently I was called to see a lady apparently dying of hemorrhage. After staunching the blood which had saturated everything about her, and reviving her with stimulants, she told me that an operation had been performed on her, for which she paid ten dollars, all the money she had in the world, and when the hemorrhage set in, the doctor who operated was sent for, but refused to come. I must not omit the fact that while I sat through the night with the helpless wife, the drunken husband lay upon the floor; and that it was because of his threats that this operation had been resorted to. Another danger from this premature arrest of pregnancy is metritis.

Another of the sad consequences of abortion is barrenness, for disappointed nature will often revenge herself for these outrages, and when from a ridiculous fear that a child may come forth

within the first year after marriage, the first fruit is nipped in the bud, the subsequent fruitage will drop like an untimely wind fall; or to drop the figure, when the paterual instinct cries out like one of old, "give me children or I die," when the laudable desire to perpetuate the family name, and have an heir to well earned patrimony; when the desire to fulfill the law of nature and of God, and multiply and replenish the earth, arises, then is realized the bitter self-inflicted curse; the defrauded womb casting out repeated conceptions at that point of time when the first growth was arrested.

Insanity may often be clearly traced to this criminal destruction of fœtal life; the sympathy between the brain and the womb being so intimate that by reflex action mania may set in, more dreadful than death.

But I will not longer weary you with the evils that flow from child murders. The great question is, how shall they be prevented? First by an enlightened public sentiment; and this must be created mainly by the medical profession. They and they only know the extent and evil of the crime. They must peremptorily refuse to aid or abet such deeds of violence, and at the same time should clearly point out the dangerous consequences. The inception, growth, and maturity of fœtal life, may be unfolded; the structure, function and diseases of the womb may be stated, in language which will not offend any sensible, intelligent woman. There is a woeful ignorance on these subjects, and he is a public benefactor who dispels it. I am aware that the objection to imparting information on these subjects is, that it rouses a prurient curiosity which might have remained latent and never become familiar with these abuses, but silence is no longer wisdom, the evil is at our door; the poison has been diffused through the moral atmosphere, and the antidote must follow it; the wall, which should surround the sanctities of private life has been thrown down, and we must enter the breach and drive out falsehood with truth.

Dr. Naphys, author of Physical Therapeutics, says: "From the moment of conception a new life commences, a new individual exists, another child is added to the family. The mother who deliberately sets herself about the destruction of this life,

either by want of care, taking drugs, or using instruments, commits as great a crime and is just as guilty as if she strangled her new born infant, or snatched from her breast her six months child and dashed out its brains against the wall! Its blood is on her hand; and sure as there is a God and a judgment, its blood will be required of her; the crime is murder; and it is fearfully common. It is the business—the trade—of hundreds in our large cities, and their patrons are not the unmarried of easy virtue, but wives, mothers of families, members of society in the higher walks of life, and of christian churches." "Better," he says, "far better bear a child every year for twenty years than resort to such wicked expedients; better die in the pangs of childbirth than live with such a load of sin on the conscience."

Such language from such a source should go where a lying spirit has whispered that within a specified time there is no danger and no sin. When intelligent women ask if there is any danger, if it is not safe; when the teachers of morals ask if it is not justifiable, we who know that there *is always* danger, that it is always wrong, always unlawful, should denounce the act and all aiding or abetting it, as criminal and shameful. How many of us who have practiced a score of years do not know young men and maidens, the pride and joy of their parents, who but for our intervention would have died in embyro?

The man who debases his manhood, and dishonors the profession, by consenting to do this dirty work, should be shunned, no matter what college honors he wears, or what his position in society. He has forfeited the respect of honest men, and should be treated accordingly. It is not enough that we quietly repair the injury he has done; he should be despised, as he has made himself contemptable.

Infanticide should mark the person who commits it with disgrace. Many who would risk the law shrink from disgrace. When a loose-made, loose-minded, loose-lived female slips her burden, and laughs over it, how many of her sex envy her and wish they were in her shoes? Whence comes this moral turpitude? Partly from the present artificial state of fashionable society, which deems pregnancy a misfortune, and child bearing a curse, and nursing extremely vulgar; partly from the premature

development of the sexual passion forcing girlhood into womanhood by the sensational and sensual fiction so abundant. Also by over-stimulating diet, by the injudicious liberty given young girls—who should be dressed in pantaletts and put to bed at eight o'clock—to trail their long dresses about the streets at night accompanied by precocious boys to plays whose attractions are love scenes, or to concerts whose songs are of love; and at home to isolate themselves from wise and watchful eyes. Who wonders that they repeat what they read of in novels, and behold on the stage, or hear in the amorous songs? And this passional education goes forward to a hasty marriage (or a secret substitute for it), and that, which should be looked forward to as the offspring and pledge of mutual and holy love, is dreaded, hated, and destroyed, connubial happiness is despised, and relief from wedlock is sought in divorce. How much of this misery might be avoided by firm faithful teaching of mothers? How false and short sighted is that policy which repels the inquisitiveness of youth and withholds that knowledge necessary to neutralize the evil which they are certain to learn, however guarded?

We hail every accession to, and every enlargement of, the sphere of woman's influence; we welcome her to the responsibilities of our profession; to the forensic strife in courts of law; to the halls of legislation, to the platform and the pulpit; but if the possession of these rights, dethrones her of that kingdom to which civilization, religion and God have elevated her; if public duties are to be substituted for those of home, if the raising and education of children is to be secondary to professional, political or mercantile ambition and turmoil, then we shall learn too late that these so-called *rights* are the saddest *wrongs* ever imposed on woman. When the family goes, the nation goes; it is not worth preserving.

Six hundred women die annually from abortion. Statistics show that one-fifth of the population of the United States are members of evangelical churches. Rightly directed, what a mighty power is this to crush out this relict of paganism?

If these things were done in a corner; if only the low and vulgar practiced them, they might be passed by in silence, but it is in what is called good society that these things are done,

and it is those who stand as watchmen in the moral garrison who should sound the alarm. We rejoice that from so many pulpits the warning has come with no uncertain sound. More than a dozen years ago the Old School Presbyterian Assembly of New York entered on their minutes this resolution:

"*Resolved*, That we regard the destruction by parents of their own offspring before birth, as a crime against God and against nature, and that as there are many influences at work in public and secret to corrupt the minds of the people, until the frequency of such murder is not longer sought to be concealed, we hereby warn those who are guilty of these crimes, that they cannot inherit eternal life, and that it is vile hypocracy for such persons to remain in connection with the visible church of Christ, and we exhort those who have been called to preach the gospel and all others who love purity and truth, and who would arrest the judgment of God from the state and nation, that they may no longer be tolerant or silent of these things, but take a bold stand that the tide of iniquity and cruelty may be stayed."

Such language put forth by every presbytery, synod, association, conference, and convention, would soon put this crime on a par with other crimes. I shall be asked if the necessity for producing abortion does not occur frequently in our practice. I answer more rarely than most are willing to admit. The wonderful adaptability of the parts involved, to meet emergencies, the plastic nature of the child, even the bony cranium yielding to pressure so as to push through obstacles that seem impossible to overcome, abnormal presentations, distorted pelvis, spinal curvatures, have all yielded to time, patience and wise medication. A medical writer boasts of having performed three hundred abortions, and yet unblushingly declared that only four were necessary to save the life of the mother! Napoleon, when asked whether the physician should save the life of the Empress or the child, replied, "The child by all means." His answer has been universally condemned, but who of us have a right to say which? I have seen infants taken away piece-meal to save the mother's life, but it did not, they left the world together. Who can say that *both* might not have lived?

In nearly forty years practice, I have never seen a mother die

with the child in utero. But if stern necessity compels the destruction of one life to save another, let it be performed with grave responsibility that proves it is no trifling matter, for it may involve consequences which we cannot rectify. I met a man recently who had lived several years in the heart of Africa, during which time he had rescued by purchase some thirty infants brought by their mothers to be cast into the river to feed the crocodiles. This was not an act of worship, as with the Hindoo, nor want of natural affection, but in obedience to the command of the husband, to whom they are abject slaves, and who esteem female children as incumbrances, to be got rid of in the most expeditious way. We pity their ignorance; we are shocked at their degredation, and appalled at their cruelty, but in this humanized, civilized, christianized and enlightened land are found those who without the compulsion of the African mother, without the devotion of the Hindoo, but only from a false pride or cowardly fear, or inexcusable selfishness, wilfully destroy their own God given offspring, and knowingly or ignorantly forsake the law of nature, break the law of man and despise the law of God, and the doctors keep silence.

VARIX OF THE LEG: A NEW METHOD OF RADICAL CURE.

BY J. M. BUZZELL, M. D., PORTLAND, MAINE.

A VARICOSE and dilated state of the veins of the lower extremity, is a very common affection, in both sexes, especially such as, from their avocations are obliged to maintain the erect posture much of the time. For some reason which I do not attempt to explain, the left extremity is the one most commonly affected, the leg and foot both being involved. It is confined usually to the internal saphenous vein, below the knee, although I have seen cases when the vein was greatly enlarged throughout the whole extent of the thigh. Although the veins of the spermatic cord usually enlarge soon after puberty, varix affecting the veins of the leg does not generally appear before the thirtieth year.

The veins in this disease are preternaturally large, tortous, knotty, and convoluted, as if they were folded upon themselves,

increased both in diameter and length. Their coats are hard and dense, rolling under the finger like a cord.

Surgeons have sought out "many inventions" with the view of curing this troublesome affection, but in a large proportion of cases palliation has been the most that has been attained. The palliative treatment, such as compression of the enlarged veins by bandage or the elastic stocking, with the application of hammamelis, and other astringents, with a proper attention to the state of the bowels and general health, have in many instances mitigated the sufferings of the patient, making him contented with his lot, and prevented the formation of ulcers, which, owing to the sluggish circulation of the blood in the veins, and the increased heat of the surface of the limb, are apt to form sooner or later, thereby adding much to the patient's discomfort.

All radical measures have been adopted with the view of occluding the diseased veins or, closing the old channels, trusting that the venous circulation will be carried on through the body in the mean time through the deeper seated veins.

The twisted suture, applied to several veins at the same time, with the view of closing them up, the application of caustics to produce slight inflammation, with coagulation of the blood in the vein, and obliteration of its cavity, are the measures which Prof. Gross prefers. The insertion of a needle beneath the vein and over it, and a ligature applied to the extremities tight enough to stop the circulation, etc., have all been used for the purpose of obliterating the old diseased veins.

When a student at Dartmouth College, the remark of Prof. R. D. Mussey, that in his opinion the *ligation* of the saphenous vein, was as safe as other measures which were recommended to excite inflammation in the veins, although he had never practised it, impressed itself upon my mind, and I determined that I would try the measure at the first opportunity.

The second year of my practice, a patient by the name of Josiah Moses, of Standish, Me., about forty-five years old, came to me with varix of the left leg, with an ulcer of long standing and very large. I proceeded to ligate the saphenous vein, applying a simple dyachylon plaster over the ulcer; bandaging the leg from the toes to the knee, and keeping him in a horizontal

position about twenty days without the removal of the bandage. When the bandage was removed, the ulcer was entirely healed and the whole aspect of the limb was as healthy and fair as the other. He suffered no pain or inconvenience during his confinement, and had no relapse of the trouble, although as a precautionary measure, believing that in all such cases there is as Dr. Dewitt says, "an original weakness of the structure," that is of the coats of the veins,—I advised the wearing of a bandage or elastic stocking to support the new veins.

Method of Operation. After properly preparing the patient for the operation, I place him in a horizontal position: pinch up the integument over the saphenous vein where it passes up over the lower edge of the inner condyle of the femur, and with a spear pointed bistoury I make an incision over the vein, crosswise, cutting from within outward through the fold of skin taken up, thus exposing the vein. I then carefully raise the vein taking care not to include the nerve that accompanies it, and pass a ligature beneath the vein. I then raise the foot of the patient as high as convenient, and apply a bandage, (the elastic may be preferred,) closely pressing the blood before the bandage until the latter reaches the knee. I then tie the ligature tight enough to arrest the circulation in the vein, dressing the wound with adhesive plaster, and bandage over it.

In about eight days I cut the ligature and withdraw it. The patient subsists upon a light diet, and takes some saline laxatives if necessary. I have operated some five times with uniform success. In the case of Mr. Richard Van Deusen, a Shaker, at Lebanon, N. Y., the vein upon the inner side of the thigh was more than an inch in diameter, but he was cured.

It will be seen that the vein is not opened to let in the air into the vein in this operation, nor sufficient inflammation produced to excite much phlebitis.

I think I am the only surgeon that has practised this operation, although I award to my honored teacher Dr. Mussey, the credit of suggesting it as a feasible one. Forty-seven years experience has satisfied me that the method I practice is the most painless, safe, and certain method of cure in this form of disease.

CONGENITAL MALFORMATIONS.

BY A. L. CHASE, M. D., RANDOLPH, MASS.

THE poet has said, "The mistakes of my life have been many," but the mistakes that nature makes are comparatively few, and I am not certain that we ought to call those mistakes, for where they occur they are probably the result of some violation of physiological law, and are intended to teach us to appreciate our own perfect bodies, and to feel grateful to an all-wise being who formed us after his own image, that our bodies do not bear those blemishes which we so much deplore in others. We occasionally meet these who were born with some bodily imperfection, yet not of such a character as to prevent them from living and to a certain extent mingling with and enjoying their fellowmen, while others enter on life burdened with such deformities as are incompatible with either happiness or a prolonged existence. The cause or causes of congenital malformation are mainly speculative, as the maternal influences brought to bear on the unborn infant so as to retard or change its development are many and varied. It may have been something that did not make an impression on the mother of sufficient amount to have impressed itself upon her memory, just as we all know that events seemingly of minor importance have occurred in our own histories, that proved to be of the greatest moment, and changed the whole course of our after life.

It has been my fortune to meet two cases of spinabifida; also one where the brain was external to the skull, with malformation of the body as well, but the case that I especially wish to call attention to is one that occurred in my practice about a year since. I was called to attend Mrs. B., in her sixth confinement, in August last. It was a normal labor, with the exception of an adherent placenta. The child, was to all appearances a good healthy male child, although it had a slight deformity of its genital organs, the foreskin being drawn down so as to bring the penis upon the scrotum in such a manner as to give the parts an unusual appearance, and cause me at first sight to think the child a female, but on further examination, I recognized the true condition of things and concluding that he would at least be

able to perform such duties as would devolve upon those organs during early life. I did not think it necessary to attempt an operation then, whatever might be advisable later. Upon making the usual inquiries on the occasion of my visit the next morning, I learned that the child had had no movement of the bowels. Though this seemed a little unusual I did not at the time attach any especial importance to it, and suggested that the nurse give a small quantity of sweet oil, and if not successful in producing the desired effect follow it with an enema. Finding the oil did not operate, she attempted to use the enema as directed, and found to use her own words, "the enema would only go up a little way, and then run back." In the evening of the second day about 11 P. M., the father came for me saying that up to that time the child had had no evacuation and seemed to be in pain, and the abdomen was becoming quite distended. I immediately saw the child and found things as stated, with every appearance of obstruction, and upon attempting to introduce an enema had no better success than the nurse. I then introduced a probe and carried it up about one inch, when it met an obstruction which completely prevented its further passage. An attempt to introduce my little finger well oiled, met with no better success. I informed the friends that there was no passage, and that the child could not live unless an operation was performed, and called Dr. Allen in consultation who fully concurred in the diagnosis. We concluded to attempt making a puncture, through what we then supposed to be merely a septum, and used for this purpose a trocar and cannula, but after carrying it up over an inch in the direction where we supposed the bowel might be, the only result was the passage of bloody urine, which led us to suppose that the bladder had been punctured. After giving the case the most thorough examination possible, we concluded that it was useless and unwise to attempt any further operation as it would only increase its suffering, and would probably be followed by immediately fatal results. We therefore decided to give opiates to relieve its distress, and let it live what time it might. The next day its suffering seemed to increase, and the bowels became still more distended, and the following day it died having lived about 3 1-2 days. In the afternoon of the same day, assisted by

Dr. Allen, I made a post mortem, with the following results: Everything normal, until in following down the descending colon, we found that at 1 3-4 inches above the rectum, it came to an abrupt termination, so far as any passage was concerned, and degenerated into a small fibrous cord, which instead of following the usual course of the intestine, gradually spread out into several small roots and was lost in the surrounding tissues.

What the cause was which brought about this condition of things I do not know and will not attempt to say, but it struck me as a singular fact that the anus was perfect, and for an inch or so above, and then all trace of an intestine was lost, there being no connection between the fibrous termination of the colon and the external parts. After the autopsy, I was glad that we had attempted no farther operation, for there was no possible chance of its being anything but a failure unless we had made an artificial anus in the side, which while it might have given it a prolonged lease of life, would have doomed it to a miserable existence, in my judgment, more to be dreaded than death.

HYDROPHOBIA AND HOW TO PREVENT IT.

BY ROBERT A. REID, M. D.

A FEW weeks since the daily papers announced to a grateful world that the great savant M. Pasteur, had discovered a vaccine against hydrophobia. Remembering the exaggerated and untenable claims which he made for his anthrax vaccine, and other discoveries (?) we were disposed to accept this *cum grane salis*, and later intelligence has but deepened our distrust. The study of hydrophobia is invested with peculiar interest both on account of its communicability, its terrible character, and its probably universal fatality, there being no authentic case of recovery. It is an extremely rare disease, indeed a majority of physicians have never seen a case. I was fortunate (?) enough to see one in hospital practice. From statistics collected in this country and elsewhere, it would seem that there are annually about three cases to each million of people.

The frequency with which hydrophobia follows the bite of a rabid animal is a point of great interest. At Alfort, near Paris,

is a celebrated veterinary school where the whole subject has been carefully investigated. It was found that of dogs bitten by rabid dogs, but one in three became rabid. Without doubt the proportion in human is much less, probably not more than one in twenty. Man is undoubtedly less susceptible to the poison than are brutes, but there are many physical causes operating to yield him this partial protection. The wound itself is no more than any other punctured or incised wound, it is the saliva that poisons. If a man is bitten it is generally through the clothing or boot, and then the saliva is wiped off, or if it does come in contact with the wound it is doubtless often removed by rubbing, squeezing, sucking or washing the wound, or the flow of blood may wash away the poison, before it is absorbed, but if absorption takes place death is absolutely certain to ensue.

When a person has been bittten by a dog of which there is the least suspicion, he—if he is old enough—in any case his friends will wish to know what signs are to be looked for, as indicating the approach of the dread consequences. There are no immediate signs. Not only does the dog not display any ferocity, unless the disease be far advanced in him—but it may be only a chance bite, a snapping of the jaws with no intention of biting that brings the poison into contact with the raw surfacce; or indeed the dog need not bite at all, for the same results may follow if the salvia touch an abrasion, or sore already existing. As a rule the bite is small and heals readily enough. Then comes the period of incubation, for like most other diseases hydrophobia has a forming stage or a period, during which the poison is being diffused throughout the system. This period varies, being rarely less than one month, while it may be, and often is, prolonged to two or three or may even extend to six months, while there have been cases in which the disease did not show itself until a year had elapsed. There are stories of longer periods even to eight years, but these are incredible, particularly as there are so many chances that another bite may have been received during that time. There are no symptoms for a month, and each week of exemption after that time has elapsed diminishes the liability to an attack. After three months the patient is probably safe; at six months almost certainly so, but

what weeks of extreme anxiety and mental torture he must experience, if old enough to realize the situation.

Generally the first sympton is irritation about the wound; an itching, possibly some swelling, with red lines extending therefrom. Stiffening of the neck is the next symptom, and then comes febrile action with loss of appetite, followed by difficulty in moving the jaw, and difficult deglutition. Then occurs a most remarkable symptom—a vague and unaccountable anxiety, not of any special thing and quite unexplainable. After from six to eighteen hours this becomes delirium, and finally hallucinations occur, and then the patient is obliged to be restrained by force. This necessity for restraint has given rise to the popular idea that hydrophobia induces a tendency to attack persons. This opinion is, however, entirely erroneous. Another popular impression, equally fallacious however, is that there is an intense dread of water—hence indeed the name of the disease. The fact is there is an intense *longing* for water, but the attempt at swallowing water or anything else brings on convulsive constriction of the glottis, accompanied by great pain and distress, which anyone who has inhaled chlorine in the laboratory has experienced. In this respect hydrophobia resembles tetanus, for in the latter disease a breath of air, the rustling of clothing, or some such slight cause, will excite sudden reflex convulsions of opisthotonos. So with the attempt to swallow water in hydrophobia. After repeated fruitless and painful trials, the unfortunate throws the water from him and abandons the attempt. When he reaches this point the end af his torture is not distant, life rarely extending beyond forty-eight hours after the attack, though it may be prolonged to three days, and is produced by exhaustion and extreme nervous depression.

What shall the treatment be? Chloroform, opium, and other narcotics, and probably gelsemium, will very likely be thought of. They are, one and all, useless, except as feeble palliatives. The remedy has yet to be discovered that will exert any influence even looking toward a cure in hydrophobia. There is, however, one thing that should be done, and that at the very first; *cauterize*. Some have advised excising the wounded part and then cauterizing. I fail to see the advantage of this, for we have

no means of telling the depth of the wound, and cannot be sure of preventing the knife from cutting into the bitten portion in which event every movement of it would only carry the poison deeper. Lunar caustic is the best, because always at hand—use it freely. Apply it until every part of the wound has lost its sensibility. Generally speaking, if this is well done and done early enough it is efficacious. Although of those bitten only a small proportion develop hydrophobia, I am not sure that a majority of those bitten would not prefer speedy death to the terrible uncertainity and suspense. How shall biting be prevented? Only ascertain that the dog is mad. Fatal bites result because the disease is not recognized. Important as it is to distinguish it in man, it is vastly more so to distinguish it in the dog, and herein lies the successful prophylaxis, for there are signs by which it may be distinguished with great certainty before the tendency to bite is exhibited.

I presume ninety-nine persons in every hundred, perhaps nine hundred and ninety-nine in a thousand, believe that dogs get mad only in warm weather—never in cold—and that they have a horror of water. This is not true in either particular. The disease is no more prevalent in hot than in cold weather, and the dog not only has no horror of water, but is feverish and drinks frequently and freely. He first refuses his food, skulks out of sight, avoids his fellows, and hides in dark corners. The symptoms so far are not pathognomonic, any sick dog will act thus, but there is a symptom which if it occur with these is very suggestive. It is a peculiar agitation. He does not lie in the same locality ten minutes. He answers the call of his master reluctantly, and returns quickly to his corner. He runs into his kennel, piles the straw in a heap in the middle and lies on it, then he jumps up and pushes the straw all out on the ground. Such symptoms call for careful confinement. Next he has hallucinations. All at once in changing his position he stops, pricks up his ears, and seems to hear something, or he rushes out barking, and then, as if discovering his mistake, retreats to his kennel. Again he appears to hear another dog on the other side of a wall or door, and scratches to get to him.

Up to this time he has shown no disposition to bite. But his

natural disposition remains, and if naturally excitable or aggressive, he will be more apt to bite. He will be more apt to bite a stranger or a beggar than his master, indeed he will not bite his master unless driven too far. He will even come when called, though reluctantly, and may even receive a whip or two before his excitability overcomes his habitual control and induces him to bite. All this time he will take more water than usual, his apparent repugnance to it never being so strong as in the human. He now manifests a depraved and unnatural appetite by biting furniture, gnawing curtains or carpets, and swallowing bits of wood, coal, brick and even his own dung. Some pet dogs gnaw books, but hydrophobiac dogs having no such habit, not only do so but swallow what they gnaw off. To recapitulate, the symptoms of the approach of the dangerous stage of hydrophobia are: agitation and extreme restlessness, hallucinations, and depraved appetite.

When a person has been bitten by a dog supposed to be mad, the dog is usually killed at once. This is just the very thing that should not be done for the only means of deciding whether the supposition is correct or not is thus destroyed. That the house-dog is prone to epilepsy is a well known fact. If in the paroxysms he has accidentally bitten someone, let him be confined and watched for a few days. Consider the weeks of fearful suspense that may thus be avoided. Following the above mentioned symptoms comes on salivation, concerning which there is a popular misconception. There is no great quantity of saliva, but it is peculiar in quality. It is very viscid, and hangs in strings from the mouth, giving to the human, as well as the brute subject, an appearance of peculiar and unaccountable distress. The dog appears to be annoyed by it beyond expression, and makes every effort to remove the strings of viscid saliva with his paws. These efforts have occasionally given rise to the idea that a piece of bone was lodged in the throat, and in one instance a veterinary surgeon received a fatal bite in making an examination.

Now the aggressive disposition shows itself. The insane desire to bite is first excited by animals of its own species. Next the dog attacks man, but still discriminates in favor of its master

and friends. A stranger or someone coming to the door is attacked. Now that the disease is fully established, the dog disappears from home, probably with the desire of seeking a deserted place and escaping observation. But new and greater sources of irritation meet him at every stop. Noises of all sorts increase excitability. If he escapes death and reaches the fields, he reels along snapping at anything and nothing, until finally paralysis occurs, and he lies at the roadside to die in a few hours if not sooner killed. Sometimes, finding no rest or escape, he goes back to his master's house, draggled, dusty, and exhausted. Ignorant of his true condition, some of the household pity him, and no sooner touch him than they receive the fatal bite.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

GELSEMIUM HYPODERMATICALLY.

SINCE our last issue we have had further experience with this drug, as follows: On April 29th was called to see Mrs. W., and when I reached the house I found that she had just been delivered of a male child. A midwife had been called in the emergency, and had left nothing for me to do. After leaving some orders I departed, promising to call the next day.

April 30th, found patient all right, and did not make arrangements for further attendance.

May 2nd, was called in great haste, and when I arrived at the house found the patient unconscious, and suffering from violent convulsions. She had been feeling badly for several hours, and for about two hours had been speechless. Pulse rather frequent and hard, and temperature apparently elevated somewhat, but did not stop to use a thermometer. I immediately gave her green root tincture of gelsemium, half a drachm, hypodermatically, in the arm. Virtually, this was all I did. In ten minutes complete relaxation took place, she opened her eyes, complained of pain in the stomach, but rapidly improved and in ten days was able to sit up.

On May 16th was called at 11 A. M. to see this same patient, but being engaged, could not answer the call till 2 P. M. When I arrived I found the patient unconscious, in violent convulsions. The women present, as well as the doctor in attendance, who had been called in temporarily, were greatly excited, and prayed

for me to do something, if possible, as these convulsions had been terrible, one immediately succeeding another since 11 A. M. I said to the doctor that I should give her gelsemium hypodermatically. He stood by, and saw me inject half a drachm of green root tincture of gelsemium in the left arm. In ten minutes the patient relaxed, opened her eyes, became conscious, had no more convulsions, and at this writing is doing well.

On May 11th was called in haste to see a Mrs. K. Found her suffering from some pain and tenderness in the womb; but she complained most bitterly of a violent headache. She kept her hands on the top of her head nearly all the time, and cried piteously. She would frequently go into an unconscious state, when her hands and feet would cramp, and her legs and arms become flexed. I at once gave her half a drachm of green root tincture of gelsemium, hypodermatically. In ten minutes she was comparatively comfortable, had no more cramps, headache nearly gone, and slept quite well all night.

I saw her next morning, and a little macrotys, viburnum compound and gelsemium, given by the mouth, finally relieved the congestion of the uterus, and a good recovery resulted.

We conclude that gelsemium is a valuable drug for hypodermatic use.—*American Medical Journal Editorial.*

FRACTURES OF THE BASE OF THE SKULL.

The occurrence of the fracture of the base of the skull is very commonly suspected when symptoms indicative of very serious injury to the brain speedily follow a severe blow upon the head, owing to the greater liability to injury of those parts of the nervous center most important to life. The same violence that occasions the fracture, injuring the contiguous portions of the brain, or lacerating some of the large venous sinuses about the base of the skull, and thus giving rise to abundant intracranial extravasation of blood, or of a serous fluid; these symptoms are in the highest degree equivocal. The signs of fracture of the base of the skull will vary according to the seat of the injury; when the fissure extends through the *anterior fossa* there may be extravasation of blood into the orbit or eyelid, or free hemorrhage from the nose; when it implicates the *middle fossa* there is in all probability, fracture of the petrous portion of the temporal bone, with rupture of the tympanum; then there will be bleeding, or a watery discharge from the ears. When the *posterior fossa* is the seat of injury, the signs are more equivocal; there are two signs which give strong presumptive evidence of this fecture—the escape of blood from the interior of the cranium through the ears,

nose, or into the orbit; and second, a discharge of a serous fluid from the ears. Simply the occurrence of bleeding from the ears or nose cannot by itself be considered a sign of much importance, as it may arise from any violence by which the tympanum is ruptured. If, however, the hemorrhage be considerable, trickling slowly out of the meatus in a continuous stream, if the blood with which the external ear is filled pulsate, and other symptoms indicative of serious mischief within the head be present, there would be strong presumptive evidence of fracture at the base of the skull.

The discharge of a *thin watery fluid* from the interior of the skull is a sign of rare occurrence; but when it happens, it may be considered as pathognomonic of fracture of the base, and it is the most certain sign of this injury that we possess. The *source* of this discharge has not, as yet, been satisfactorily determined in the minds of all. It is a perfectly clear, limpid, and watery fluid, containing the chloride of sodium with a small amount of albumen in solution, and a little sugar. But owing to the character of the fluid, and the nature of the injury by which it is discharged, there can be little doubt that it is the *cerebro spinal* fluid, as it is identical in appearance and chemical composition with this liquid; then there is no other source within the skull which can yield with equal rapidity so large a quantity of fluid. In order that the fluid be discharged the membranes of the brain must have been torn opposite the outlet by which it is poured forth. When it is discharged through the ear, the laceration must have extended through the cul-de-sac of the arachnoid, which is prolonged around the auditory nerve in the internal auditory canal. When it is poured out through the nose, the fracture has probably extended through the cribriform plate of the ethnoid bone, and ruptured the arachnoid that surrounds the filaments of the olfactory nerve. All injuries of the base of the brain, accompanied by the discharge of this watery fluid, are necessarily of a very serious character. But few, if any, recover. I have never known of a recovery from an injury of this kind, and believe that the surgeon's prognosis in every such case will of necessity be unfavorable—Prof. Tay, in *Chicago Med. Times*.

DROPSY.

When treating a case of scarlet fever, the physician should always inform the mother, as a matter of self-protection, that dropsy is one of the most frequent and dangerous sequels following scarlet fever, and that it is more likely to follow the mild than the grave form of the disease. I believe that exposure

to sudden changes of temperature is the exciting cause in a majority of cases. I have no doubt that the desquamative process which takes place in the tubuli uriniferæ may sometimes, by plugging the tubules, produce dropsy. A child that has the dropsy should be put to bed, and the room well ventilated in which it is kept. Its food should consist of milk, beef tea, and as much waters as it desires to drink, which is usually a large amount. I know of no better way to arrest the irritability of the stomach that is sometimes present than by letting the patient drink large quantities of water. At first the stomach may not tolerate anything, but if water is persistently given it will be retained, and the vomiting arrested. To remove the dropsical effusion I administer jaborandi in full dose. The action of jaborandi may be increased by giving the patient a bath three or four times a day, in water 98° to 100° F. Twenty minutes is about as long as the patient should remain in the bath. When the patient is removed from the bath he is carefully wrapped in a soft wollen blanket. The child is then laid in bed. The bath, in connection with the internal administration of jaborandi, produces profuse sweating. Under this treatment the dropsical effusion rapidly disappears. The fact must not be lost sight of by the physician, that jaborandi is a powerful remedy. If while administering it the pulse becomes slow, irregular, and easily compressed, it must be immediately discontinued. To remove the depression of jaborandi give brandy and small doses of belladonna internally. This treatment should be continued for two or three days, or until the kidneys begin to act freely. The patient is then given small doses of muriate of iron and mild diuretics.—Dr. Tascher in *Chicago Med. Times.*

LEUCORRHŒA.

Under this title, Dr. A. J. Howe writes as follows, in the *Eclectic Medical Journal:*

A profuse mucous discharge from the vagina, though the seat of the flow may be in the uterus, is denominated leucorrhœa. It is not *per se* a morbid condition, but a manifestation of vaginal or uterine disorder. Sometimes the "whites" are in the nature of a catarrh, and depend upon conditions which are limited to time, condition or place; they may cease if not treated. A depressed state of the mind through loss, grief or disappointment, is a common cause of leucorrhœa. Chlorotic girls who do not menstruate at regular periods, or who do not menstruate at all, although of proper age and growth to do so, are usually the victims of annoying leucorrhœal discharges, often of a

greenish hue. Then, again, the menstrual epoch is both preceded and followed by an excess of mucous secretions which come from the uterus and vagina. The most abundant of such flows is directly after a season of menstruation.

A lowering of the vital powers, no matter what the cause, is attended with leucorrhœal discharges. Anxiety, states of nervousness, irritability, over-work, scanty diet, living in damp and dingy quarters, incipient phthisis, and the invasion of other serious and incurable diseases, may be reckoned as causes rationally cited as promotive of leucorrhœal states of the vagina and uterus. Dyspepsia, flatulence, and constipation are conditions of the alimentary canal which may be named in this connection as followed by leucorrhœa. A sound state of health, then, is the best antidote to leucorrhœal discharges. A thin flow is vaginal in origin, while a thick tenacious discharge comes from the uterine cervix, and depends upon endocervicitis. A glairy flux that when dried does not discolor, yet stiffens white fabrics, is generally vaginal, and readily cured with proper injections. A milky flow is mixed in character though most of it comes from the cavity of the uterus—is a sign of endometritis.

A profuse leucorrhœal flow attends cancer of the uterus, hence quantity, if in excess, is to be looked upon with suspicion. In advanced stages of malignant diseases of the womb, the odor is suggestive in a diagnostic sense. The sickening smell is readily recognized by physicians having experience with uterine cancer. When a speculum is introduced into the vagina a gush of curdy, wheyey fluid finds exit. Coughing and sneezing will cause gushes of a sero-purulent fluid which has been retained in some recess or pocket of the deeper parts of the vagina. It is not necessary to enumerate all the causes of leucorrhœa. Enough have been recounted to show that "their name is legion."

The *treatment* of leucorrhœa may, advantageously, be both constitutional and local. Five or six drops of the fluid extract of Pinus Canadensis constitute a dose which may be repeated every three hours—the medicine may be administered in a half wineglass of water. Other remedies may be as good, but I have found none that do specifically better. If a tonic and peptic action be needed, ignatia and arsenic may be prescribed in alternation. The hypophosphites and an elixir of iron will do good in chlorotic states.

The following makes an excellent wash or douche to be used, when properly diluted, with a syringe: ℞ Chloride of Zinc ʒ j., Muriatic Acid gtt. x., Water ʒ iij. M. S. Use 15 to 20 drops in a wineglass of water. This may be employed either with a piston or a pump syringe. An application twice a day will do, if

thoroughly done. If the piston syringe be used, the patient should take the recumbent attitude and retain the wash a few minutes. The douche, to prove efficient, should reach the vaginal folds to the utmost depths of the canal. The entering end or nozzle of the syringe should reach to the uterine neck.

An ulcerative state of the vagina may be readily cured by the topical use of the following unguent: ℞ Vaseline ʒ j., Boracic Acid, ʒ ss. M. S. The pomade is to be applied with a soft textile wrapped around the finger. A thorough smearing of the sore parts twice a day will be often enough. If an ulcer or excrescence be epitheliomatous, salicylic acid is to be employed with vaseline in proportions mentioned above; and as often as three times a day.

Boro-vaseline, according to the formula just given, is to be commended in the treatment of vaginitis, whether simple or specific (gonorrhœal). It need not be used in wasteful quantities, yet the smearing should be with a liberal amount of unguent.

Too often a vaginal douche is made of something which stains the underclothing and otherwise damages textiles. The chloride of zinc wash will do neither. Other washes may be equally good, yet this is admirable for the purpose named.

CLARET INJECTIONS IN THE TREATMENT OF GONORRHŒA.

Many of the journals that have come to my notice of late have contained articles entitled "Gonorrhœa". The title of each suggested some new remedy, or an old one newly applied, but each time the article failed to sustain the suggestion. It was the same old story: Plumbi acetas, zinci sulphas, morphiæ acetas, hydrastis, etc., all very good remedies in their way, but in this disease not as potent in my hands as some others.

I claim no new discovery or magic lotion that always cures every case, but wish to call your attention to a simple remedy that has proven successful when the above have failed. I have no doubt its simplicity has caused other practitioners like myself to overlook it, and select the more pretentious ones. I have often read in my text-books the prescription with vini rubri for its basis, but gave it no thought until my attention was called to it by a patient who had suffered from gonorrhœa for nearly a year. During that time he had been under the care of the best "regular" physician in the community, and was finally cured by simple claret injections.

A few days later a patient presented himself who had suffered

with gonorrhœa for three weeks. During this time he had been under the best "regulars" with no improvement. I gave claret injections and apis. mel. gtts. 30, aqua q. s. ʒ iv. Sig.—Teaspoonful three times daily. In one week he reported himself well. I find claret the most effective in the first stage. If it has passed on to ulceration I use the urethral suppository of iodoform.

The homœopaths use vini rubri and aqua equal parts and add as many grains of tannin. I cannot see the advantage of robbing it of its efficacy with water and trying to replace it with tannin. I prefer the natural astringent property of the claret, to which it undoubtedly owes its virtue in contracting the capillaries and reducing the amount of blood in the mucous membrane and thus overcoming the inflammation.—Dr. H. Appy, in *California Med. Journal.*

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY

The twenty-fourth annual meeting of the Massachusetts Eclectic Medical Society convened at the Revere House, Boston, June 5th. The meeting was called to order at 10.45, the president, G. H. Merkel, M. D., occupying the chair. The secretary being unavoidably absent, Dr. P. E. Howes was elected secretary pro tem, and it was voted to defer the reading of the records until the following day.

On motion of Dr. E. E. Spencer, it was voted to proceed to the election of president for the ensuing year. The chair appointed Drs. Chase and Bills as tellers, who reported a unanimous vote for A. L. Chase, M. D., of Randolph, who was declared duly elected.

Dr. Spencer again moved that a committee of three be appointed to nominate the remaining officers for the coming year, and the president named as that committee Drs. Spencer, Bills and Andrews, who in due time reported the names of the following gentlemen:

Vice-President, J. P. Bills, of Hyde Park.
Recording Secretary, Pitts E. Howes, of South Boston.
Corresponding Secretary, D. L. Powe, of Falmouth.
Treasurer, Milbrey Green, of Boston.
Librarian, W. A. Perrins, of Boston Highlands.
Councillors, E. E. Spencer, of Cambridge, R. A. Reid, of Newton, John Perrins, of Boston, R. W. Geddes, of Winchendon, and J. A. Tabor, of Lawrence.

On assuming the chair, the president-elect, in a few well chosen words, thanked the society for the honor conferred, and pledged himself to all its interests.

Dr. J. P. Bills, of Hyde Park, read a very practical and interesting paper on Infantile Therapeutics, in which he touched upon many of the fruitful causes of infantile disease, and suggested some of the remedies best adapted to their relief and cure. The discussion which followed took a wide range and engrossed the attention of the society until the hour of adjournment.

On re-assembling at 2 o'clock for the afternoon session, after the usual routine business, the treasurer, Dr. F. L. Gerald, presented his report, which showed the society to be in a very favorable condition financially, and was accepted. Having been compelled on account of impaired health to abandon active practice and remove to another state, Dr. Gerald accompanied his report of the office which he has so long filled and so well, with a few earnest words expressive of the pain it gave him to sever his active connection with the society. He would always, he said, entertain a warm feeling toward the society and its individual members.

The committee appointed to investigate the account of Dr. E. E. Spencer reported that they found that according to receipts which he held, he had, through some misunderstanding, overpaid his dues to the amount of five dollars. The report was accepted, and it was ordered that his dues for the ensuing year be remitted.

The secretary then read a paper entitled, "Consumption and Our Western Climate," which had been forwarded to him by Dr. Wm. A. Wyman, of Cheyenne, Wyoming Ter., a non-resident member. The essay was very interesting, being full of good points, and after it had been read it was unanimously voted that the secretary be instructed to express the thanks of the society to Dr. Wyman.

Second Day, June 6th.—The meeting was called promptly to order by the president, Dr. A. L. Chase, at 10.30 A. M., the attendance being considerably larger than on the preceding day. The secretary read the records of the last annual and semi-annual meetings, which had been postponed from the day before, and which were approved as read. Drs. West, Allen and Forbush were appointed a committee to nominate delegates to the convention of the National Eclectic Medical Association which was to meet in Cincinnati on June 18th.

Dr. Pitts E. Howes, of South Boston, presented a paper on Conjunctivitis, in which he briefly discussed the more common

forms of that disease. He was followed by Dr. H. G. Newton, who made the report of a very interesting case of fracture of the pubic bones accompanied with fracture of the ribs and extensive laceration, the result of a street railway accident, the basis of his paper.

Dr. Newton introduced Prof. Yelvington, of New York, who spoke briefly concerning medical legislation, and particularly that proposed in his own state.

Dr. Milbrey Green, having for good reasons declined to accept the office of treasurer, Dr. E. E. Spencer was unanimously elected to the position.

Dr. W. H. A. Young, of Springfield, read a very instructive and suggestive paper on "The bi-manual Expulsion of the Placenta," which was listened to with much attention and extensively discussed.

The following gentlemen were appointed delegates to the National Convention: Drs. H. G. Newton, R. W. Geddes, Milbrey Green, G. H. Merkel, E. E. Spencer, A. W. Forbush, H. D. West, H. H. Brigham, A. J. Marston, A. L. Chase, J. P. Bills, Joseph Jackson, J. D. Young, C. E. Miles, and J. A. Tabor.

Dr. Geddes reported the death of Dr. Job T. Dickens, of Newburyport, one of the charter members of the society, and the President appointed Drs. Geddes, Andrews, and Wares to draft resolutions on the same.

Dr. Nathaniel Jewett spoke concerning the use of black silk in surgery, recommending its use very highly as much superior to the white.

The Executive Committee having reported favorably on the application of Dr. Ira T. Johnson for membership, he was accordingly admitted.

At 1 P. M. the orator of the day, Dr. J. D. Young, of Lawrence, delivered an interesting address on the "Progress of Eclecticism." A vote of thanks was extended to the orator and a copy requested for publication.

Dr. C. E. Miles then made a report concerning the Maine Medical College, which he had been instructed to visit at a previous meeting. The report was accepted.

The committee on the death of Job T. Dickens, M. D., made the following report, which was accepted by a rising vote:

Resolved, That in the death of Dr. Job T. Dickens this society has lost one of its earliest, most faithful, earnest and active members. He was modest and retiring, refusing all honors, yet faithful and devoted to the cause of Eclecticism from whose principles he never departed.

Resolved, That while we recognize in his death the hand of Him who doeth all things well, we would mingle our sorrow with, and extend our sympathy to, the afflicted family who mourn his loss; to his friends and patrons who will miss his familiar face, and wise counsel.

Resolved, That these resolutions be entered upon the records of the society, and a copy of them forwarded to the bereaved family.

R. W. Geddes,
J. S. Andrews,
A. Wares,
} Committee.

At 2 P. M. the annual dinner was served. Dr. Milbrey Green presided as anniversary chairman, and Rev. C. D. Crane, D. D., of Boston, officiated as chaplain. Among the postprandial speakers were Rev. Dr. Crane, who responded for the Clergy, Mr. S. F. Cobb, of the Boston Home Journal, for the Press, and Drs. Young, Spencer, Merkel, Aldrich and Chase who responded to pertinent sentiments.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The fourteenth annual meeting of the National Eclectic Medical Association was held at Cincinnati, on the 18th, 19th and 20th of June, 1884. For the following synopsis of the proceedings we are indebted to Alexander Wilder, M. D., secretary of the organization.

The members convened at Greenwood Hall, on the morning of the 18th. The president, Dr. Edwin Younkin, of St. Louis, called the meeting to order at ten o'clock. The old faces, Geddes, Martin, Munn, Merkel, Thompson, Stratford, Clark, Jay, Pitzer and others were conspicuous, as well as a large concourse of new ones. No less than six lady physicians were present, as well as wives, daughters, etc., of members.

Dr. A. J. Howe, Chairman of the Committee of Arrangements, presented Doctor John King, whose presence was enthusiastically greeted. Addressing the Chair, in the name of the State Association, the College and citizens of Cincinnatti, he welcomed the members to the city, and wished them a pleasant and prosperous session.

Dr. A. Wilder, the Secretary, responded, thanking Dr. King and those whom he represented, for their fraternal welcome. He paid a tribute to the city of Cincinnati, and referred to the establishment of the Eclectic Institute. For more than twenty years its history was the history of Eclecticism in America; and even since, though our societies and schools have ramified in

every direction, still they are as branches from this central trunk. The original National Association was organized here, and though its reorganization had been effected at the Queen City of Lakes, still the place where they now meet was the family homestead, and all had come thither as to their old fireside. "We have met before in Ohio, and been welcomed by a Mayor and a Governor. That was honor; yet Mayors and Governors are ephemeral, and often change. But it will be remembered, as long as memory holds its seat, that the salutation was given us here by one more distinguished than political leaders. Whereever Eclectic Medicine is known, from Maine to California, from the Lakes to the Gulf, every one who speaks of it knows that closely interwoven with its history and its literature is the name of JOHN KING." Hence, this was a regal welcome, and as such it was appreciated.

Drs. L. E. Russell, A. Merrill, S. B. Fisher, and J. M. Mulholand, were constituted a Committee on Colleges, and Drs. J. M. Scudder, G. H. Merkel, J. R. Duncan, H. B. Piper, J. M. Welch, were appointed a Committee on Charges and Grievances. Nineteen State Societies, as well as numerous auxiliaries, responded to the roll call and presented credentials.

President Younkin in his Annual Address, reviewed the status of Eclectic Medicine in the several states, discounting somewhat the roseate pictures often presented in reports, recommending more stringent regulations in several respects, and advocating the creation of State Medical Boards, and efficient sanitary legislation. On motion of Dr. Shoemaker, of Iowa, the president's address was referred to a select committee. The Treasurer's report indicated an improving condition of the finances, and efficient administration. Drs. Jay and Munn were appointed an Auditing Committee, and later reported all correct. Reports from the various States occupied the afternoon. Dr. Butcher having reported a prosperous state of affairs for Ohio, Senator John V. Lewis, M. D., called its accuracy in question. He severely criticised the Pharmaceutical bill that had been enacted and predicted the passage of a stringent medical bill next winter.

SENATOR BROWN'S BILL.

Dr. Wilder offered the following resolution which was seconded by Dr. Howe and unanimously adopted:—

"*Resolved*, That the National Eclectic Medical Association in annual meeting assembled, respectfully but earnestly petitions the Congress of the United States, to enact the bill entitled 'A Bill to Secure to the Medical Profession Equal Rights in the service of the United States,' as an act of justice to a large number

of citizens, an improvement and reform of the former practice, and demanded by the best interests of the individuals employed by the Government, while at the same time its operation can be only beneficial in every respect."

Sections were held on State Medicine, Practice of Medicine, and Obstetrics, and their proceedings ordered to be reported. The Committee on Charges and Grievances having considered the charges preferred against Prof. A. J. Howe, for conspiracy in the matter of Dr. J. M. Hole, at Topeka, Kansas, in June last, report that the charges were not sustained, they also failed to find sufficient ground for sustaining the charges preferred against Dr. R. A. Gunn, and therefore asked for his acquittal. Dr. Jay moved to accept the report, while Dr. Russell moved to postpone the question till nine o'clock on Thursday morning. Dr. Jay's motion was adopted.

In the evening, the members held a symposiac session, somewhat informally, at the Hall of the Eclectic Medical Institute, as guests of Dr. J. M. Scudder. The repast was light and wholesome; the intellectual treat rare and pungent; and the occasion on the whole was delightful to all who participated.

SECOND DAY—MORNING SESSION.

On Thursday morning the Association assembled at the Eclectic Medical Institute, the delegates in attendance choosing that place in preference to Greenwood Hall. Dr. John King, pursuant to invitation, read his address on the Medical Legislation of the Country, in which he strongly condemned the various statutes in the several States providing for registration and State examining Boards as invasions and impositions of civil and personal liberty. The paper was listened to with earnest attention, and at its close a vote of thanks was tendered the speaker. Dr. Gunn addressed the Association at length, approving the sentiments of Dr. King, and giving a history of the legislation attempted in New York. Dr. Howe read a letter which he had received from Dr. Charles Band, transmitting his compliments accompanied by a substantial gift of $100.

Dr. Gunn now offered a resolution in favor of equality of representation of the various schools of practice in Boards of Health, so that Eclectics should not be at the mercy of Old School adversaries. The sentiment of the members, however, was too radical to admit of any temporizing policy, and after repeated amendments it was adopted in the following form:—

"*Resolved*, That while the National Eclectic Medical Association is in favor of elevating the standard of Medical Education, it is opposed to all class medical legislation."

AFTERNOON.—The Sections of Surgery and Gynæcology held sessions, and interesting clinical cases were submitted. After transacting some further routine business, the Association adjourned till Friday morning.

THIRD DAY—MORNING SESSION.

The meeting was held on Friday morning at the college. Dr. L. E. Russell made a report upon King Medical College, placing it on probation for one year before awarding it full standing. On motion of Dr. Munn, the report was adopted. Dr. Ingraham, of Illinois, offered the following resolution:

Resolved, That the address of Dr. John King, on medical legislation, be published in the *Transactions* of this Association, and that a pamphlet edition of ten thousand copies be printed for sale to members, to be circulated over the country.

This resolution being adopted, Dr. A. L. Clark, who is the Eclectic member of the Illinois State Board of Health, delivered an address setting forth the workings of that body, defending its action, and showing that it had improved the status of practitioners in that State, while a large body of pretenders and empirics had been compelled to suspend business or leave the State. This result had received general commendation. He paid a glowing tribute to Dr. King, but declared his address of Thursday to be the great mistake of his life.

Dr. King, at the conclusion, vigorously defended his views, and predicted that the legislation of this country, if carried out after the style of the medical enactments, would put an end to its liberties. Dr. Munn took the same view, and recited the history of medical legislation in Connecticut. It was not reform or aught of the kind that was sought after; medical statutes read almost alike, and the purpose of them all was to rout out Eclectic and Homœopathic practitioners. Dr. Gunn, of New York, spoke ably in the same vein.

Dr. Goss, of Georgia, addressed the Association, making similar statements in regard to the legislation of the southern states. But even there, whenever the Eclectics were organized in state societies, there would be no ignoring of their claims and rights. Their organization enabled them to concert measures to protect themselves.

The Committee on Credentials reported favorably upon the various recommendations for permanent membership; but adversely to the nomination of Dr. John B. Hennion. The omission gave rise to a warm debate in which the leading members of the Asso-ation participated, but ended in the adoption of the report.

The following officers for the fifteenth year of the re-organized National Association were elected:

President, Dr. Henry K. Stratford, of Illinois. *Vice-Presidents*, J. Milton Welch, of Kansas; William M. Durham, of Georgia; William F. Curryer, of Indiana. *Secretary*, Alexander Wilder, of New Jersey. *Treasurer*, James Anton, of Ohio.

Altoona, Pennsylvania, was recommended by a majority of the committee for the place of meeting for 1885. On motion of Dr. Milton Jay, the matter of the next place of meeting was not decided, but left to the Executive Committee. Both Cleveland and Put-in-Bay are largely in favor among the members.

FINAL SESSION.

The final session of Friday afternoon was largely devoted to routine business. The local committee and the Eclectics of Ohio were abundantly thanked for their good offices; a *douceur* voted to the secretary and treasurer.

All of the section work was good, but the sections of Surgery, Practice, Gynæcology and Obstetrics, were ably officered and did very effective work. Many of the papers presented were of a superior character. Drs. Green, Geddes, Munn, Merkel, Jay, Russell, Gemmell, Pitzer, Kunze and others, who had the matter under advisement, had carried on a wide correspondence with excellent results. Such men do an immense amount of work that nobody has much conception of till the results appear at the annual meeting and in the *Transactions*. We may predict for volume xii. as good a showing as for its recent predecessors.

The status of the Drake University Medical Department was not modified this year, but its rival, the King Medical College, was placed on the same footing—a year's probation.

Several amendments to the By-laws were reported favorably, and lie over for one year. One of them provides for a close scrutiny of delegates sent by local societies, another insists on the necessity of members of the Association remaining fellows in good standing with some auxiliary society, and notifying the secretary of change of residence, and a third prohibits the puffing of proprietary medicines.

Just before the close of the session, Dr. Gunn, of New York, addressed the Association. He was, he said, the graduate of an Old School College. Having been engaged in active practice, he was called to account for using a certain remedy suggested by an Eclectic physician. Disgusted at such narrowness and intolerance he abandoned the Old School and united with the Eclectics. He had been among the first in company with Professors Clark, Garrison, Jay and Whitford, to establish the Bennett Medical College. He had given his best efforts for the

formation and prosperity of the National Association. It was now going in the same old rut as the Old School, and there was little occasion for it, if such is the case, to longer exist as a separate body. But he was an Eclectic still and in favor of medical liberty. He therefore withdrew from the Association, and separated himself from all medical organizations.

On motion of Dr. Younkin, after a long debate, the resignation was accepted. President Stratford then declared the Association adjourned.

SELECTIONS.

THE NATURE AND TREATMENT OF HAY FEVER.

In a paper contributed to the American Journal of the Medical Sciences for January, 1884, Dr. Harrison Allen claims that the means of effecting a cure of hay fever, a disease hitherto considered well nigh incurable, is simply to overcome the tendency to obstruction in the nasal chambers. He traces this disease to such obstruction caused by the swelling of the nasal mucous membrane. In an imperfectly divided group of cases of nasal catarrh the sensation of sudden obstruction of one or both nasal chambers is a conspicuous symptom. This sensation is accompanied by a constant change in the chambers themselves, namely, engorgement of the membranes over the turbinated bones, producing pressure against the septum and occlusion of the respiratory passages of the nose. The sensations are recurrent, but vary greatly as to the time of the day or season of the year. With some patients they are nocturnal and are associated with the recumbent position. With others they occur after meals only. With some they occur in the summer season; with others yet again in the winter. Patients having a disposition to obstruction during the summer and autumn report themselves as suffering from hay fever, while those having alternating attacks in the right and left chambers report with nasal catarrh. The cases so far studied exhibit one feature in common, namely, that the inferior turbinated bones lie well above the plane of the floor of the nasal vestibule. In many persons not the subjects of hay fever and allied disorders the lower free portion, including, of course, the inferior border of the bone, lies below the plane of the floor of the nasal vestibule, and in ordinary inspection the inferior meatus is out of sight. It will thus be seen that the mucous membrane, which is known to be the most fragile, is also the most exposed to irritation from extraneous substances and to changes in the temperature of the surrounding air. The con-

clusions which Dr. Allen draws from six cases, which he made a special study, may be summarized as follows:

1st. That the treatment of all conditions of obstruction of the nasal chamber, no matter from what cause arising, can be successfully carried out by destroying the causes of obstruction. If the cause be an overgrowth of bone tissue it must be filed, sawed or drilled away. If it be caused by a divided cartilaginous portion of the septum, such portion must be reset in a new place. If, as is often the case, it is due to periodic turgescence of the mucous membrane or the result of secondary hypertrophies, such growth must be destroyed either by the galvano-cautery, by the snare, or by caustic acids.

2nd. That the treatment of hay fever and allied periodically recurring nasal affections, in no way differs from the treatment of other nasal diseases accompanied by obstruction, and that the treatment may be conducted during an attack as well as in the intervals between any two attacks.—*Therapeutic Gazette.*

IS MORPHINE DANGEROUS IN CARDIAC DISEASE.

From time to time we are skocked to hear of the sudden death of a person, soon or immediately after the hypodermic use of morphine, given probably for the relief of severe pain. Subsequent autopsical examinations have then repeatedly shown the existence of grave organic lesions of some important organ or system, which was either overlooked by the physician in charge, or having been clearly recognized, was not held to contra-indicate the hypodermic use of morphine. Accidents of this kind would seem to be particularly frequent where renal disease is present. In chronic heart disease a disastrous result appears to be likewise a quite possible consequence of employing so potent and rapidly acting a drug.

In a recent number of the *Centralblatt fur Nervenheilkunde*, Dr. Runeberg reports a case in which a calamity of this kind occurred. The patient was a strong man, forty years of age, to whom, during an attack of angina pectoris, an injection of one-fifth grain of morphia was given. About two minutes later the man gave a sudden start, opened his eyes, and died. The autopsy revealved extensive sclerosis of the coronary arteries, with softening of a portion of the cardiac muscle. Although such a condition rendered the patient liable to sudden death at any moment, yet Dr. Runeberg wisely suggests that the lethal tissue was at least hastened by the morphine administered. Dr. Israel has recorded a somewhat similar experience, where death

followed the injection of only one-eighth of a grain. In this case the patient suffered from cardiac insufficiency, associated with renal disease. These and numerous other instances of the same kind, recorded and unrecorded, are so striking as to render the theory of a coincidence, to say the least, improbable. And it therefore behooves us to exercise the utmost caution in the administration of morphine to patients suffering from grave cardiac lesions.

And this particularly as morphine, in proper cases of heart disease, is an altogether invaluable remedy, that may be just as potent for good as it seems to be capable of effecting evil. The subject is well worthy further careful study, in order that we may learn with more accuracy just what constitutes the contra-indications for its employment.—*Medical Record.*

ALVELOS—A NEW CURE FOR CANCER.

The statement that any remedy has been discovered which will obviate the necessity of a resort to the knife in the treatment of cancer, will be met with incredulity, and in giving the following from the Lancet we give it without comment and simply for what it is worth. Dr. Velloso, of Pernambuco, introduced the remedy to notice in a communication to the Journal de Receife. He states that the plant, which is commonly known by the name of alvelos, belongs to the euphorbiaceæ, and is indigenous to Pernambuco. He writes that a magistrate, who was suffering from epithelioma of the face, and who had returned to his estate despairing of relief, was entirely cured of his disease by the topical application of the juice of the plant. On the strength of this report Dr. Vellosa tried the remedy in the case of cancroid of the nose, and in one of epithelioma of the lip, with the result that the first patient was completely cured in 40 days, and the second in less than two months. These results, he thinks, justify a trial of the remedy, especially in uterine cancer. The action of the plant is irritating, producing a spreading dermatitis without much pain, and the application of the cut stem or the juice of the fresh plant to the diseased part, is said to result in the destruction of the morbid tissue which is replaced by healthy granulations, doing the work, in fact, of the chloride of zinc paste.

It is clear that if the remedy possesses only escharotic action, its value cannot be said to be very superior to that of other well known caustics. The fact, moreover that only the fresh juice of the plant produces the effects claimed, must limit its use very largely to the region in which the plant grows.—*Therapeutic Gazette.*

RENAL CALCULUS.

Mr. D. V. D., æt. 27, of bilious temperament, began to complain of dull aching pain in the lumbar region in June, 1883. Being hard worked mentally, and of a very sedentary habit, I attached little importance to his frequent, yea, almost constant complaints, till in October, when he was taken down with nephritic colic. This was relieved in the usual way with morphia hypodermically, etc. Contrary to the rule in a majority of these cases, the attacks recurred again and again. Confirmed then in the opinion that I had an impacted, or, at least, a calculus in the kidney to deal with, I gave him all the usually prescribed remedies for the solution of the stone. But my hopes were blighted every time, till in January, 1884, I concluded to order Lithiated Hydrangea (Lambert & Co.). I prescribed it in drachm doses four times a day. The patient, who, by the way, is a student of medicine and very intelligent, expressed himself in a few days as feeling better. He had only one attack of colic during the time he took the first bottle, and when he had used the second bottle he had a very light attack, in which he passed a skeleton-stone, *i. e.*, a mere shell. He is still using the medicine, but has had no return, and to all appearances is well. I have used the hydrangea in only one case of cystic disease outside that reported above, but with favorable results. T. M. Jordan, M. D., in *Medical and Surgical Reporter.*

CONCERNING PAINS IN THE HEAD DURING THE GROWING PERIOD.

It is a matter of common occurrence that young people of both sexes are compelled to interrupt their attendance at school on account of a cephalopathy which the author terms *cephalalgia of the growing period.* It commonly occurs between the ages of twelve and eighteen years, is accompanied by dizziness and *malaise* and is excited by any intellectual effort, sometimes even by the reading of an entertaining book. Its location is mainly in the temples but it also involves the hairy scalp from the orbits to the mastoid processes, or even the entire head. The patient is at times irritable, easily excited, or inclined to sadness and to spells of weeping. They are wont to complain that they cannot do as their comrades do. It is a mistaken idea to treat such persons as malingerers, and to attempt compulsory means which cannot possibly yield good results. Together with the phenomena mentioned are also to be seen anomalies of refraction and accommodation, as myopia, hypermetropia and astigmatism, and, in fact, diseases of the eyes in general. Proper glasses or other

appropriate treatment will often lead to a rapid recovery but such is not always the case. Additional means of treatment should be, complete cessation from intellectual effort, change of air and appropriate medication.—*Rev. mens. des. Mal. de l'E.—Arch. of Ped.*

TWINS AT FULL TERM—ONE LIVING (FULL GROWN) AND ONE DEAD (7 MONTHS).

On the first of May I was called to attend a woman (Swede), aged about thirty, in her first labor. She was taken with pain in the evening, but the pains did not amount to much till the following morning. At 6 A. M. I visited her and found a normal presentation, with os about the size of a silver dollar. I left her and returned about 9 A. M. The child was born in about an hour. The small forceps was applied owing to deficient extension of the head under the pubic arch.

Following up the cord to examine the placenta, I found a fœtal head presenting, but it was abnormally soft, with only the occipital bone having any resistance. Two sharp pains expelled a dead fœtus, presenting a singular appearance. The head was soft, with no bones but the occipital. The face was outlined, but presented in miniature the face of a person about a century old. The bones of the body were in a semi-cartilaginous state. The body was about two-thirds the length of the living fœtus. The skin was very pale, of an ashy hue. It was as female (the other a male). The cord was thick, heavy, brown and brawny to the feel. The placenta was double, one-half heavy and brawny, the other normal in appearance and connected with the normal cord of the living child. There was no hemorrhage, and the mother made a good recovery.

On inquiry of the mother no abnormal history of pregnancy could be elicited. She had been in good health. No accident, fright, or unusual sensations had been experienced at or about the sixth or seventh month.

Doubtless there was a simultaneous conception and equal growth up to the sixth or seventh month of gestation. At this something occurred that arrested the life of one fœtus. Whether the arrest of life occurred primarily in the fœtus or placenta, cannot now be determined. The placenta was thrown away before I had time to secure it.

I leave it with the members of the other bureau of obstetrics to discuss the history of such cases, their comparative frequency, and the probable causes of death.—E. M. Hale, M. D., in *Medical Era.*

COUNTERFEITING FISH.

The tricks of trade are quite frequently divulged in court when the partners in the deception fall out with each other. Sugar has its glucose, butter its oleomargarine, cloth its shoddy, wine a multitude of injurious concoctions, but it probably is not often that fish are counterfeited, as was shown to be the case in a recent suit in this city. It appeared there that French sardines command a high price in the market, almost fifty per cent. higher than the fish caught in our waters. It is a great temptation, therefore, to pack these latter sardines in boxes with French labels, and the morals of trade are unfortunately not proof against such allurements. A contract was made by a firm in this city for a large lot of "domestic" sardines with "fancy" labels. These "fancy" labels were generally understood to mean labels stating that the sardines were caught and packed in France. For some reason the sardines were not accepted when tendered, and suit was brought for their value. In defence, it was alleged that the contract was a void one, being against public morals and could not be enforced. This was the view taken by the Court, which held that the practice was a dishonest imposition upon consumers who were without knowledge of the deception. It was said by the judge: "Consumers may not be wronged by eating American sardines while they think they are eating French sardines. One may be as wholesome and savory as the other, but undoubtedly the labels are not used to instil this information into the minds of the eaters. They are used to get a higher price than would be given if the label told the fact as to the origin of the fish." The plaintiff's testimony disclosed that a firm packing American sardines tendered a large quantity to a merchant in the trade, with the names of American packers on the label, but they were refused, the merchant declining to take any goods with English names.—*Medical Record.*

AGARICINE IN NIGHT-SWEATS.

The number of remedies which are recommended for the relief of night-sweats in phthisis, indicate very clearly that this symptom is a very important one and very difficult of relief. Among the later additions to the physician's armamentarium may be mentioned agaricine, the active principle of white agaric. This substance has recently been made the subject of an interesting study by Seifert, of Wurzburg, the results of which have been epitomized in the London Lancet. After many trials Seifert has come to the conclusion that pills containing five milligrams, (1-12 gr.,) of the alkaloid give the best results in checking the

excessive secretion of sweat. As with many other drugs the consumer becomes accustomed to agaricine, and it is, therefore, advisable to begin with half a pill and to gradually increase the dose. Account must also be taken of the time at which to administer the remedy, as it has been shown that agaricine does not produce its effects for five or six hours. Not only is the excessive perspiration controlled, but the cough becomes less frequent, and sleep is more tranquil and continuous. Hypodermic injections have been employed with success, but they are not recommended on account of the production of disagreeable sensations at the site of an injection.—*Therapeutic Gazette.*

TINCTURE OF CANTHARIDES FOR SUPPRESSION OF URINE.

This drug is not usually recommended in such cases, but in the *Boston Med. and Surg. Jour.*, March 22, 1884, Dr. W. C. B. Fifield reports a case, which he had seen in consultation with Dr. Rogers, of Dorchester. The patient was a hard drinker, whose symptoms were at first obscure, but who had later had albuminuria with casts. Complete suppression had lasted some days. Active treatment had been of no avail, and the patient was comatose and failing. Tincture of cantharides was then given hourly in drop doses, and after some hours the secretion was re-established, and the patient recovered so far as to be out.

POISONING BY QUININE IN TYPHOID FEVER.

Dr. D. S. Lamb states that several articles have lately appeared in medical publications reporting dangerous symptoms following the use of large doses of quinine in typhoid fever. He gives the following history: A little boy, aged three years, had had a slight diarrhœa and a mild fever for about a week, but no serious affection was suspected. On July 11, 1877, about noon, he swallowed eighteen three-grain, sugar-coated quinine pills, and shortly afterward took some rice and milk. In about half an hour he complained of pain in the epigastrium and was given an emetic, after which he vomited some food and one pill. He died of syncope a little after one o'clock, and about an hour after taking the pills. At autopsy, the heart was relaxed, with the right cavities empty, and the left containing a little fluid-blood; lungs congested posteriorly; malpighian bodies of spleen well

marked; stomach congested, and presented a number of red ecchymoses; it contained undigested rice and one pill; duodenum much congested, and also contained one pill; Brunner's glands conspicuous and white; villi hypertrophied; upper part of jejunum much congested, and contained one pill; all the solitary bodies and Peyer's patches much thickened; villi hypertrophied. In ilium, the solitary bodies and Peyer's patches were progressively enlarged and villi hypertrophied. The cæcum, ascending and transverse colon, were congested, with solitary bodies enlarged. There was slight extravasion of blood in the gastro-colic omentum. In this case one quinine pill was vomited, and three were found at the autopsy, leaving fourteen pills, or forty-two grains, which had been absorbed by the stomach and upper part of the small intestine. This part of the alimentary tract showed congestion and ecchymosis. Although in this case the clinical history was meagre, the intestinal lesions do not admit of doubt as to its being typhoid fever. The relaxed heart and fatal syncope are usually the manner of death in quinine poisoning. Death may very rapidly follow a large dose of quinine. This case derives further interest from the infrequency in which autopsies are held in children dying from typhoid fever. Henoch reports but ten in his large clinical experience.—*N. Y. Med. Jour.*—*Arch. of Ped.*

SUPERNUMERARY TESTICLES AGAIN.

The letters which we have published upon this subject have brought out two interesting facts: one is that people with three testicles are not so rare as has been supposed, the other, that the pleased owners of the triple apparatus are in the habit of winning money and other valuables by betting that they can show three testicles.

Dr. C. K. Kelley, of Plymouth, N. H., reports a case in an epileptic, a man whose intelligence was below the medium. "He had won many pounds of raisins on a wager" regarding them. The third testicle was small.

Dr. R. A. Woods, of Seymour, Ind., reports a case in a healthy man, eighty years of age at the time of examination. The third testicle was on the right side and was as large as the other two. The cords of the two right testicles united a short distance from the external opening of the inguinal canal, the cord formed by the union of the two being perceptibly thicker than the opposite one.—*Medical Record.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

EDITOR AND PUBLISHER.

HAVING been connected with this journal in an editorial capacity for two years and more, we have now added the duties of publisher to those which we already bore. This is brought about by the sudden death of Charles Lynde, publisher of the JOURNAL since its birth, who by unwearying industry and manly steadfastness of purpose brought it to its present condition of thrift and prosperity. In assuming this additional responsibility, we contemplate no radical change in either the character or conduct of the JOURNAL, it ever has been, and always will be, fearless and outspoken in its advocacy and defense of eclecticism, but we will introduce from time to time such features as may seem desirable, and in this connection would call attention to the recently introduced "Gleanings from Eclecticism," which will be conducted by Dr. Miles, and which, while it does not assume to give all that is good, will give the cream, of the eclectic press for the month.

Our aim is somewhat exalted, perhaps, but we intend to reach it; it is to make the MASSACHUSETTS ECLECTIC MEDICAL JOURNAL one of the most valuable professional journals in the land, and if ambition, industry, and perseverance are the qualities necessary to the attainment of that purpose, we propose to reach the goal. We intend that the pages of the JOURNAL shall afford not only the best original thought possible to secure in this country, but shall also reflect the most valuable practical information to be found in foreign and domestic medical literature.

All contracts which Mr. Lynde made will be fulfilled to the letter. Our earnest desire is to do only that which is right, and if at any time it shall be found that we have not succeeded in this to the satisfaction of all our patrons, we beg that those who may feel aggrieved will credit us, at least, with that honesty of purpose which is the attribute of every straightforward, hard-working and well-meaning man.

CONFUSING AND ANNOYING.

PERPLEXING in the extreme are the frequently recurring changes in chemical nomenclature. No sooner have students, and others who desire to "keep pace with the times," learned to pronounce the new names without tripping, and settled down to work, than they discover with profound disgust and despair that the whole formulary has been turned bottom side up, and then they must empty and dust off the shelves of memory and lay in a fresh stock. Time was when if a student in chemistry had talked of chlorate of potassium he would have been black-balled without benefit of clergy. Now if he should say anything else he would be in danger of graduating out of the back door. This may be all well enough for men who have nothing to do but torture chemicals and technology under guard of wire caps and goggles, but it is just the least bit annoying to the busy practitioner or scientist, or man of all work, who has a place to fill outside of the ill-smelling laboratory, and who at the same time wishes to keep posted on the collaterals, to find on opening a new work on chemistry, the substance of things concealed and confused by a new vocabulary.

True in medicine there are as frequent changes, theories, like seasons come and go, but then we only resurrect old doctrines, and if one should imitate Rip Van Winkle and take a twenty or forty years' snooze, he might wake to find himself in just the right place after a turn of the wheel—on the question of ferments in the blood, expectant practice, or humeral pathology. But not so with technical chemistry. Whatever one learns of it has to be unlearned, and like the milk teeth, cast off forever. It never comes back into use, but only lumbers up the cerebral storehouse. We don't complain of new names for new things—Paralthoxicamine, Methylheptaquizone or Lactobisulphydoarbinol for instance. There is novelty and information in such terms, even if they cannot be set to music, but having lived to learn them, we would like them to live long enough for us to use and enjoy them. We implore our chemists not to change the nomenclature oftener than once a year. We confess to a fondness for old family names. Age improves many things beside wine and mince pies. Children do not like to have their mother's name changed too often. Beside there is better employment for men than learning jaw breaking words. Life is too short.

THE IMPORTANCE OF EXAMINING THE THROAT IN CHILDREN.

From a diagnostic point of view no examination of a child with febrile symptoms is complete until the condition of the fauces has been carefully investigated. This should be an invariable rule, and yet it is one often neglected, because its importance is not appreciated. It is not always an easy matter to examine the throat of a child, especially of small and fractious ones, and besides a good light, it calls for the exercise of some patience and adroitness. How many physicians can stand forth and say, "I have never had occasion to regret neglect in examining a child's throat"? Or who cannot recall cases in which the positive assurance of the mother that the child had no sore throat and swallowed with perfect ease, was accepted without further evidence, and when the chest was stripped, and more or less bronchitis made out, a diagnosis based on that was given? There may have been no rash, or one so slight as to be overlooked, and little else to suggest scarlatina, but a faucial examination would have revealed morbid appearances highly significant of the disease, or perhaps the tonsils would have been found covered with exudation, or the soft palate beginning to slough. We have more than once obtained the key to the situation and avoided an egregious error, by inspecting the throat, and in any obscure case in a child, whether febrile symptoms are present or not, we make it a matter of routine practice.

It is well understood that in certain cases of diphtheria, sensation of the parts may be so blunted that not only are no symptoms suggestive of the affection to be detected, but the patient will actually deny all knowledge of any throat difficulty, and yet on inspection a condition of things truly appalling may be found. We have known cases in which an examination having been omitted, a diagnosis of diphtheria was made, when in fact the case was simply one of "mumps," while a case of the latter affection attended with a considerable degree of swelling over the sub-maxillary or cervical glands with feverishness and pain in swallowing, might easily be mistaken for diphtheria, or the angina of scarlatina, if the pharynx be not subjected to visual inquiry. Too much emphasis can hardly be placed upon the importance of ascertaining the state of the fauces in a sick child, for if our diagnosis be incorrect and we permit a child who has only a simple angina, accidentally accompanied perhaps by a rash, to be placed in the same bed or room with another who has scarlatina, say, life perhaps, certainly health, will be sacrificed to our inefficiency, while if our error be in the opposite direction,

the little patient with scarlatina may not only be the medium of conveying the disease to others, but may also incur a serious risk of nephritis and other complications, for which we are morally responsible.

It may sometimes be easy enough, yet we know by personal experience that it is often difficult enough, to obtain a satisfactory view of the fauces of a child. In children at the breast it will generally suffice to depress the chin, and passing the finger backward to depress the tongue in order to catch a glimpse of the throat, but older children are generally unwilling to open the mouth, and corruption and bribery are often alike unavailing with them, so that resort must be had to force, but the examination of the mouth and throat should never be omitted, even though there seems no great occasion for it, and though the good will of the patient be sacrificed for a long time by its performance.

THE TRANSFER.

PATRONS of the JOURNAL, whether subscribers or advertisers, will please note the transfer that has been made, and promptly respond to bills now being sent out for all amounts due up to date, in order that the estate of the late Charles Lynde may be promptly settled.

Now that better arrangements than ever have been made to keep the JOURNAL in the front rank of American medical monthlies, and as more vigorous efforts are being put forth to deserve increased patronage, it is hoped that subscribers everywhere will lend a helping hand. With your own renewal send in a new subscription. Send us practical papers that may be read before medical societies, clinical reports, notes, medical news, items, etc. Hereafter the JOURNAL will be promptly issued on or before the fifth of each month. Much of the delay in the issue of this number has been due to the perfection of plans to prevent the like again. The Editor enters heart and hand into the enterprise with a determination to merit success.

THE DISTRICT MEETING AT OCEAN SPRAY.

BY invitation of Dr. J. D. Young, a special meeting of the Boston District Eclectic Medical Society will be held at Ocean Spray, on Tuesday, July 8th, at 3 o'clock. Among the papers promised, is one by Dr. W. A. Hubbard, on Colles' Fracture, and Dr. Milbrey Green will furnish one the subject of which is

unannounced. Trains leave the station of the Lynn and Revere Beach Railroad, on Atlantic Avenue, at 2, 3, 4, 4.30, 5, 5.30 and 6 P. M. It is desired that as far as possible members will go by the earlier trains.

PERSONALS, BRIEFS, ITEMS, ETC.

Many of our readers will be pleased to learn that Dr. F. L. Gerald, formerly of Hyde Park, now of Laconia N. H., is much improved in health.———*We regard with great satisfaction*, the election of H. K. Stratford, M. D., to the presidency of the National Association. That he has unusual administrative ability, we doubt not, and that he has been from the first one of the most zealous, faithful and effective workers in the ranks we know. Speaking of him, an admiring friend says, "He is a native gentleman, with red blood, and sincere motives. A better choice could not have been made."———*C. H. Hughes, M. D.*, Lecturer on Psychiatry and Neurology, Past-Graduate Faculty St. Louis Medical College, and Editor of *Alienist and Neurologist*—an eminent authority certainly—writes: "I prescribe Celerina when I want to use a reliable preparation of celery and coca, and it has given me great satisfaction as a nerve tonic in a large number of cases."———*A singular accident* occurred recently at a saw mill in Tennessee. A workman was thrown toward a circular saw, and thinking he would strike it, died from fright. When picked up he was dead, but there was not the slightest bruise on his body.———*When no special cause* appears for frequent micturition, we have found the trouble to be best treated by passing a weak galvanic current from the lumbar region, to the region of the bladder. ———*Sir Erasmus Wilson, of London*, and other eminent authorities highly recommend Mensman's Peptonized Beef Tonic in incipient consumption. It is not a mere stimulant as are many of the so called extracts of beef, but contains decided blood and bone making, and life sustaining properties. We have found it of great value in all conditions where the system is below par, and markedly so in delirium tremens, where a form of nutritious food which the stomach can handle is an essential. Caswell, Hazard & Co. supply it.———*Prof. Alexander Wilder* is spending a few days in Jacksonville, Ill., the guest of Dr. H. R. Jones. He will visit Chicago, before returning to his home in New Jersey.———*Bromide of Ammonium* in small doses will absorb fat, and diminish the weight of the body, with greater certainity than any other known remedy.——— *The comparatively new preparation* Avena Sativa, which is

nothing more nor less than a concentrated tincture of common oats, has attained an ever increasing celebrity in the treatment of cases where a debilitated or anæmic condition of the system prevails, while it is regarded by some practitioners as almost an antidote for the opium habit. At a meeting of the Massachusetts Eclectic Medical Society, Dr. C. E. Miles, well known to many of our readers, spoke of the very satisfactory results he had attained from it in cases of nervous prostration. It is prepared by B. Keith & Co.———*According to Le Union Medicale*, artificial oysters are supplied to the Paris markets. They are colored by means of copper, and are cemented to the interior of old shells.———*The best explanation* ever given by a scientific man of the fact that the Jew is still born with a prepuce, is the witty repartee atributed to Prof. Huxley, who answered the question propounded by a country clergyman as to why this was so, with the quotation, "There's a destiny that shapes our ends, rough hew them as we may."

BOOKS, PAMPHLETS, ETC.

DRUGS AND MEDICINES OF NORTH AMERICA. A Quarterly devoted to the historical and scientific discussion of the botany, pharmacy, chemistry and therapeutics of the medicinal plants of North America; their constituents, products, and sophistications. By J. U. and C. G. Lloyd. Cincinnati, Ohio. $1.00 per year.

We have read the first number of this Quarterly, and heartily recommend the work to our readers. Each number will contain 32 large sized pages, printed on the best book paper, with numerous illustrations of the most perfect description. Original engravings, nature's size, from photographed specimens, will be usually employed. Judging from the number before us the botanical study will be thorough and the description of the physical properties and microscopic structures of the plants accurate. The medicinal properties of plants will be given by eminent physicians. The next number will contain contributions from Profs. Roberts, Bartholow, J. M. Scudder, John King, and E. M. Hale. Arrangements have been made for special papers by the most celebrated members of the medical and pharmaceutical professions, and the whole will doubtless prove a valuable compendium of medicine and pharmacy.

THE INTERNATIONAL REVIEW OF MEDICAL AND SURGICAL TECHNICS.

This is the title of a new journal published by the International Medical Exchange, 51 Union Park this city, and is announced as the official organ of the American Association of the Red Cross, with Drs. J. H. Warren, C. E. Warren and W. E. Smith as editors. It will be issued quarterly, and will be devoted chiefly to the description, illustration, and discussion of instruments, appliances, and methods of operations, that have been recently devised or published. The manufacture, use, care and repair of instruments, as well as make-shifts and expedients in case of emergencies or inability to procure the instaument desired, will receive especial attention. Several other new features are presented, and if it fulfils the promise of its first number, it will be a valuable addition to our periodical literature.

THE ARCHIVES OF PEDIATRICS is the name of a new medical monthly devoted entirely to the subject of diseases of infants and children, published in Jersey City, N. J. and edited by Dr. Wm. P. Watson, assisted by a large staff of collaborators among whom are are such men as Drs. J. Lewis Smith, of New York, Keating, of Philadelphia, and Goodhart, of London. This journal enters upon a field heretofore unoccupied, so far as we know, and will doubtless be successful as well as useful. A novel feature is that no advertisements will be received. The subscription price is $3.00 per year.

THE ANALECTIC. This is the title of a journal published by G. P. Putnam's Sons, New York, which began its life with the new year, and promises to be "a monthly periscopic summary of the progress of medical science." Those who are familiar with the excellent work done by its editor, Dr. W. S. Wells, formerly of the *Quarterly Epitome of Medicine and Surgery*, wlll easily foresee the value of this new monthly to the busy practitioner. We wish it success. The subscription price is $2.50 per year in advance.

THE ART AGE, published by A. B. Turnure, 132 Nassau Street, New York City, is a journal intended to circulate among those who are interested in artistic printing. Book collectors, book makers, anyone in anyway connected with books, will find it of interest.

THE MEDICAL SUMMARY. A monthly journal devoted to practical medicine, new preparations, etc. Published by Dr. R. D. Andrews, at Lansdale, Penn.

THE FARMERS CALL. Devoted to Farm and Home, Quincy Ill.

THE AMERICAN INVENTOR. Cincinnati, Ohio.

LIST OF MEDICAL BOOKS published in 1883 and 1884, by P. Blakiston Son & Co., Philadelphia. It will be sent on appli-tion.

THE TYPE FOUNDER. Chicago, Barrhart Brothers & Spindler.

RECEIPTS.

IN order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during May and June:

R. P. Bent 1, J. Whipple 1, C. Lemon 1, F. Rand 1, G. P. Rand 1, Geo. Bridges 1, E. Huckins 1, A. W. Forbush 1, W. S. Higgins 1, J. D. Billings 1, H. P. Dearborn 1, N. L. Cranitch 1, N. D. Hodgkins 1, H. R. Peck 1, A. N. Carroll 1, C. H. Wood 2, N. S. Walters 2. B. G. Early 1, M. E. Mather 1, W. T. Chamberlain 1, P. Holden 1. S. G. Lyman 1, S. C. Glover 2, H. W. Johns 1, L. Logan 2, Mary Billings 2, R. M. Jackson 1, O. P. Coffing 1, S. C. Stillman 1, C. S. Spaulding 1, R. R. Hovey 1, R. G. Bishop 1, B. W. Bassett 1, H. F. Hitchcock 1, T. N. Witherstone 1, J. U. Butcher 1, R. C. Scheel 1, P. A. Lexington 1, F. Murray 2, R. F. Washington 1, N. Auburn 1, A. W. Elms 1, E. A. Ward 1, W. H. L. Beacon 1, A. B. Lee 1, P. James 1, N. J. Paxten 1, G. W. Seaver 1, S. M. Emmerson 1, M. Samuels 1, S. Marden 1, O. Lummis 1, E. C. Byfield 1, B. C. Allen 1, A. R. Allen 1, W. B. Jewett 1, J. B. Boyd 1, H. J. Partlow 1, N. G. McFarland 1, L. C. Hyde 1, M. Irving 1, D. E. Smith 1, M. S. James 1, S. B. Wright 1, A. D. Muchmore 1, E. C. Jacks 1, C. Isley 1, R. Tully 1, U. J. Marsh 1, R. U. Woodward 1, H. C. Gurney 1, L. F. Grover 1, H. J. Soules 1, P. A. Lander 1, M. M. Ingraham 1, R. C. Lane 1, W. W. Moore 1, N. S. Potter 1, C. D. Hatch 1, D. D. Putnam 1, S. J. Emerson 1, K. H Ambrose 1, D. E. Bush 1, O. J. Metcalf 1, M. W. Hubbard 1, A. B. Bowker 1, D. D. Dewey 1, W. W. Henan 1, M. L. Chandler 1, D. D. Sturdevant 1, S. S. Cary 1, F. B. Butler 1, A. L. Watts 1, D. N. Leonard 1, G. J. Lord 1, L. S. Newton 1, J. J. Ware 1, A. E. Babcock 1, D. D. Robinson I, P. J. Merrill 1, W. Johnson 1, D. D. Temple 1, E. F. Washburne 1, H. E. Morgan 1, W. L. Harvey 1, K. D. Leonard 1, J. W. Carter 1, G. G. Knight 1, T. J. Bartlett 1, W. U. Morgan 1, J. F. Scott 1, N. O. Hammett 1, V. J. Swan 1, W. Henan 1, F. C. Silsby 1, W. M. Dana 1, R. W. Potter 1, C. D. Wilson 1, O. N. Brown 1, S. W. Hinkley 1, D. Adams 1, T. S. Rollins 1, L. M. Lawrence 1, O. P. Ross 1, W. W. Smalley 1, W. L. Keith 1, M. G. Harwood 1, W. G. S. Hobbs 1, M. C. Drew 1, O. G. Randall 1, P. C. Davis 1, A. D. Clark 1, A. S. Freeman, R. S. Warren 1, W. W. Doolittle 2, W. G. Daniels 2, C. H. Yelvington 1.

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We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to essay Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

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Our pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

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We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

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A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our pills the nature of the excipient and the coating, is strongly preservative of the ingredients. As a test we invite an examination of our phosphorus pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

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We employ only the best quality of gelatin and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our pills will be found to dissolve as readily as gelatine itself, under parallel circumstances.

Having thus indicated the special features of our pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatin-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

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Manufacturing Chemists, - DETROIT, MICH.

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Urinary Test Papers.

A set of chemical reagents which can be carried in the vest pocket, and comprehending tests for all the important morbid conditions of the urine, is something which may in truth be said to supply a want long felt by the physician. Such a set of reagents we offer in these test papers. Slips of bibulous paper are charged with the several reagents and these are neatly arranged in the case with full directions for use. The reagents include:

1. Litmus paper (neutral).
2. Copper test for sugar, practically the same as Fehling's solution.
3. Picric acid, employed in connection with sodium carbonate as a test for sugar; in connection with citric acid it is an extremely delicate indication for albumen.
4. Sodium carbonate, used as just mentioned.
5. Citric acid, employed in testing for albumen in connection with the three following reagents:
6. Potassium ferrocyanide.
7. Potassio-mercuric iodide.
8. Sodium tungstate.

Finally the citric acid paper may be used in connection with common salt as a reagent of extraordinary delicacy in testing for albumen. As an additional test for sugar, the physician may use, from his pocket medicine case, a little sub-nitrate or sub-carbonate of bismuth, in connection with sodium carbonate. For albumen, he will of course always employ the test by heat, in addition to the precipitation tests.

Thus he will be provided with the means of making in the sick-room a very complete examination, for clinical purposes, of any specimen of urine suspected to be abnormal. The idea of these bedside tests originated with Dr. G. Oliver, of Harrowgate, Eng. Dr. C. W. Purdy, in an article in the *Journal of the American Medical Association* (Jan. 19, 1884), mentions especially the sodium tungstate and potassio-mercuric iodide as valuable additions to our list of urinary reagents, and recommends the test papers as of great value in enabling the physician to make preliminary tests at the bedside of the patient.

These Urinary Test Papers are put up in convenient vest-pocket cases, containing a supply of the above reagents with directions for their use at the bedside of the patient. PRICE PER CASE.....50 cts.

PARKE, DAVIS & CO.,

Manufacturing Chemists, DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

RIDGE'S FOOD

FOR INFANTS AND INVALIDS.

MANUFACTURED BY

WOOLRICH & CO.,

PALMER, MASS.

Constitutional incapacity and the follies of fashion combine to deprive a great number of infants of their natural sustenance. The most obvious resource in such cases would seem to be a hired nurse; but the risks and inconvenience of this method are so well understood by the profession that an eminent member of it does not scruple to say: "I would never commit a child of my own or of others to a wet nurse, except under very exceptional circumstances." It is clear, therefore, that some artificial substitute for mother's milk is imperatively needed. Of these there are now many kinds seeking public patronage; and it is in free competition with them that RIDGE'S FOOD has established its superiority.

The proprietors of this preparation claim that in a much higher degree than other cereal foods (not excepting the pretentious imitations of Liebig's formula) it contains the nitrogenous elements and phosphates, in which the best wheat is so rich, together with a substance called by the French Chemists Cereline, which acts as a solvent or gluten in the presence of starch, dextrine, and glucose, exactly as pepsine acts on the animal fibre.

Theoretical objections have been made to the presence of some starch in this preparation, as an indigestible and irritating ingredient in the case of infants, owing to the absence of ptyline from their saliva. On the other hand, Bouchardat and Sandras have shown conclusively that starch, which escapes transformation in the stomach, is powerfully acted upon by the pancreatic fluid, by which it is converted into sugar in the intestines.

But the crucial test is found, after all, in practical experience, to the results of which all speculative views must defer. RIDGE'S FOOD has been before the public for thirty years, with a constantly growing reputation and demand throughout Great Britain and her colonies, as well as in the United States. The collective testimony of a vast number of cases goes to show the bland, nutritive, and easily digestible character of this preparation. One of the leading firms of druggists in the West, whose sales of the FOOD are very large, writes thus: "Its soothing and satisfying properties are so marked as often to cause customers to inquire if it does not contain some opiate;" while a member of the Royal College of Physicians, London, speaking from experience with it, in infantile disease, commends it as "a very valuable preparation, *especially in cases where the digestive powers are unusually feeble.*"

Where a trial of RIDGE'S FOOD is so easy and free from risk, the proprietors deem it superfluous to parade a long list of testimonials. They will gladly forward samples for the purpose to physicians as yet unacquainted with its merits. Send also for pamphlets.

COMPOUND FLUID EXTRACT

—OF—

STILLINGIA

—IN—

THE TREATMENT OF SYPHILIS.

BY J. MARION SIMS, M. D.

Condensed from *BRITISH MEDICAL JOURNAL.*

MORE than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's root (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones of Montgomery, that Dr. Geo. W. McDade investigated a preparation used by Horace King, a mulatto slave residing among the Creek Indians, and from whom he learned their secret.

Dr. McDade recommends—Instead of making decoctions, "I had the remedies prepared in fluid extract form, which places the remedy on a scientific basis and insures uniformity of action."

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods, *and we should therefore be careful to have them made from roots recently gathered.*"

As an alterative the merits of Stillingia have been long known, and we anticipate that this fluid extract will replace the mercurial treatment for syphilitic troubles.

We have prepared a Compound Fluid Extract of Stillingia from **Fresh Drugs,** *and represents the preparation as used by Dr. McDade and recommended by Dr. Sims. The ordinary dose is one teaspoonful, repeated three times a day, to be taken with water, or sugar and water, increasing the dose until a tablespoonful has been taken. (Pamphlet with directions around each bottle of fluid extract.)*

THEODORE METCALF & CO.,

39 TREMONT STREET, - BOSTON.

ESTABLISHED 1837.

Manufacturers of Fluid Extracts of SUPERIOR QUALITY.

Elixirs, Gelatine Coated Pills, Syrup, Tinctures, Wines, Etc.

☞ ***Especial attention to manufacturing for Physicians from Private Formulas.***



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INFANTS

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INVALIDS.

MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

MELLIN'S FOOD is entirely soluble.

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MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

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MELLIN'S FOOD is endorsed by physicians.

MELLIN'S FOOD keeps in all climates.

MELLIN'S FOOD is sold by druggists throughout the United States.

MELLIN'S FOOD is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

A Sample Bottle Free by Mail to any Physician.

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41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

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and continue twenty weeks.

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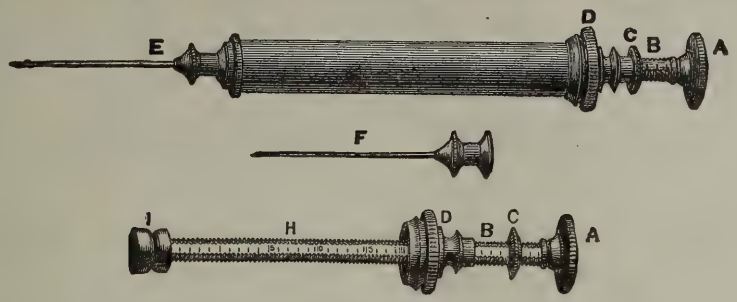
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NEW HYPODERMIC SYRINGES.



No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

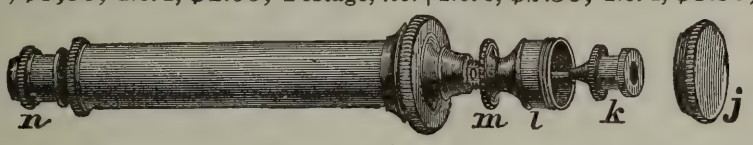
No. 3, Compact, has hollow piston rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the pocket instrument or vial case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4: one only with No. 3. They are refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices; No. 1, ***$3,50;*** No. 2, ***$4.00;*** Postage, .03. | No. 3, ***$2.50;*** No. 4, ***$3.50;*** Postage, .02



No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case..... $3.00. Postage, .02.



No. 9.

No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case..... ...$3.00. .02.
No. 7 or No. 9, with two steel unplated needles, either..... 2.50. .02.
No. 10, glass, Luer's (French,) graduation as No, 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case ....12.00 .02.
No. 11, glass cylinder, fenestrated nickel-plated metal mounting (see cut).



No 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its lesser liability to breakage. Price, with two best steel gilt needles, in a neat case..... $3.50. .02.

☞Any of the above will be sent by return mail on receipt of price and postage.

Hypodermic Syringes of all kinds Promptly Repaired.

☞N. B.—See other advertisement above, and in writing please mention this Journal.☜

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MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,

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BEEF PEPTONOIDS!

THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

BEEF PEPTONOIDS

IN

CHOLERA INFANTUM

will be found superior to all foods. Ten per cent. of the Beef is peptonized, which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public.

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

DR. STUTZER, *Bonn, Germany.*
Director of the Imperial Chemical Laboratory for Rhenish Prussia.

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a *complete food,* consisting of 95 per cent. of assimilable solids of the most nutritious character."

PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*
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For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,
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☞In corresponding with Advertisers, please be sure and mention this Journal.

MALTINE.

(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of. any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M. D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

" 'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—" 'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M. D., F.C.S., University, Mich.:

Jan. 7, 1884.—" 'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M. D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesscs donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

THE MALTINE MANUFACTURING CO.,

JOHN CARNRICK, President, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

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NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injuries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80⅛ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ⅜ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two mouths, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well, where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had nad monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine.* Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

Georgia Eclectic Medical College,

48 Butler Street, Atlanta, Georgia.

THE Seventh Annual Session will open on the first Monday in October, 1883, and continue till March. This is the only Eclectic Medica College in the South. It has an efficient Faculty, and the Course of Instruction is thorough and eminently practical. Good Clinics, abundant Dissection material, and good Museum and Laboratory for teaching. Come early and attend regularly. For further particulars and Announcement, address the Dean:

JOSEPH ADOLPHUS, M. D.

THE GEORGIA ECLECTIC MEDICAL JOURNAL.

The only Eclectic Journal in the South. Thoroughly practical, liberal, and progressive, and published in the interests of Southern Eclecticism, monthly, by S. T. Biggers, M. D., and Wm. M. Durham, M. D.

Joseph Adolphus, M. D., Editor,

48 Butler Street.

ANGLO-SWISS MILK FOOD.

Made at Cham, Switzerland, by the Anglo-Swiss Cond. Milk Co

MILK-MAID BRAND **PRESCRIBED BY LEADING PRACTITIONERS AND USED IN PROMINENT INSTITUTIONS THROUGHOUT THE COUNTRY.**



TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo-hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

"Used in New York Infant Asylum."—J. LEWIS SMITH, M. D.

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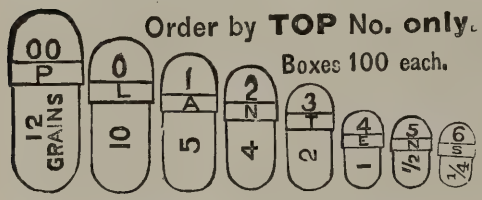
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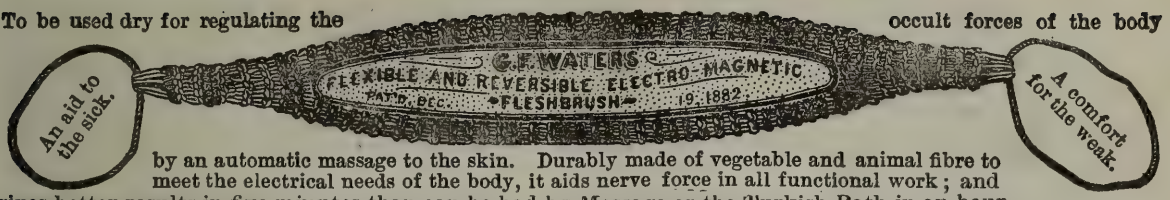
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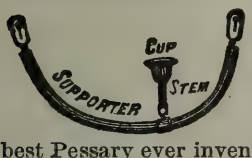
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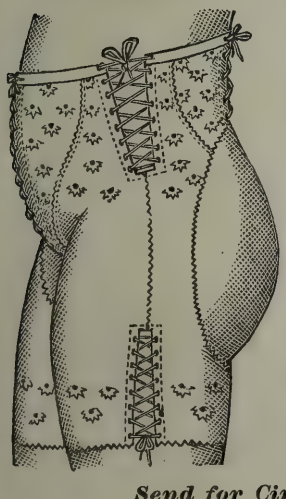
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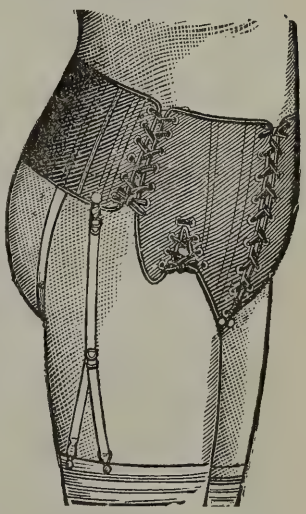
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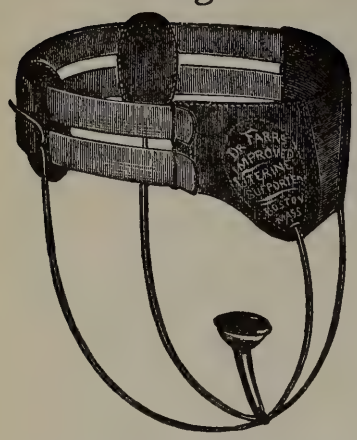
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Fig1.



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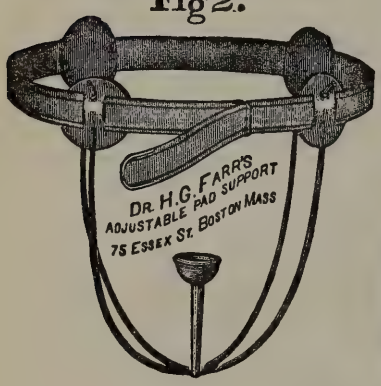
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Fig2.



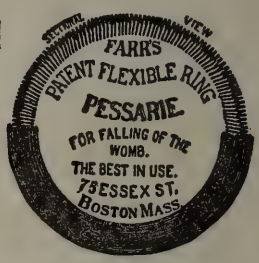
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Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
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Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



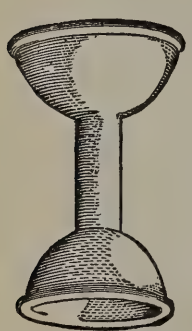
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Patented May 15, 1883.



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No. 5, 2¾-inch outside diameter.
No. 6, 3-inch outside diameter.
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Dr. H. G. FARR, Sole Manufacturer,

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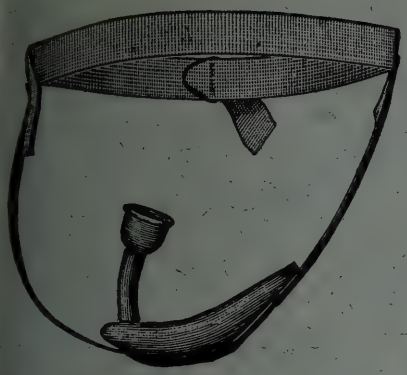
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I make three sizes of cups, viz.:—Small, 1 1-2 inches; Medium, 1 3-4 inches; Large, 2 inches. Three lengths stem, Short, Medium and Long. Price to Physicians, $2.00 each.

FIG. 1.



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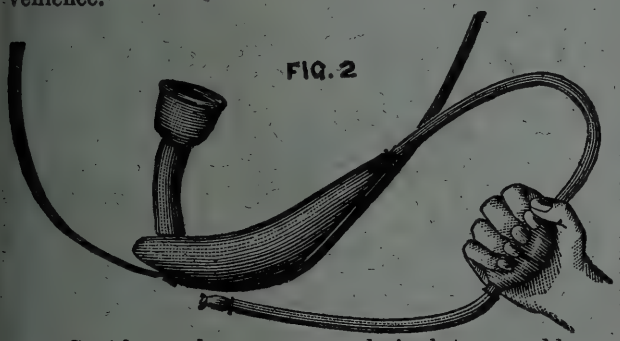


FIG. 2

By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing. the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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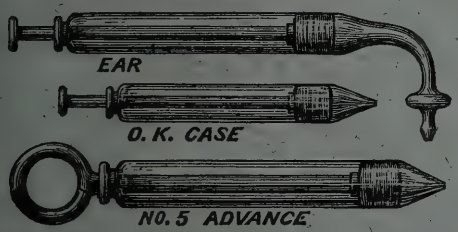
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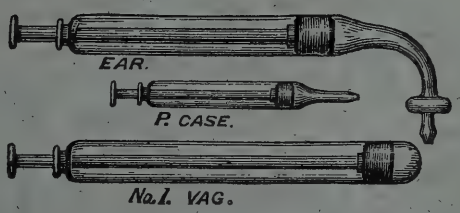
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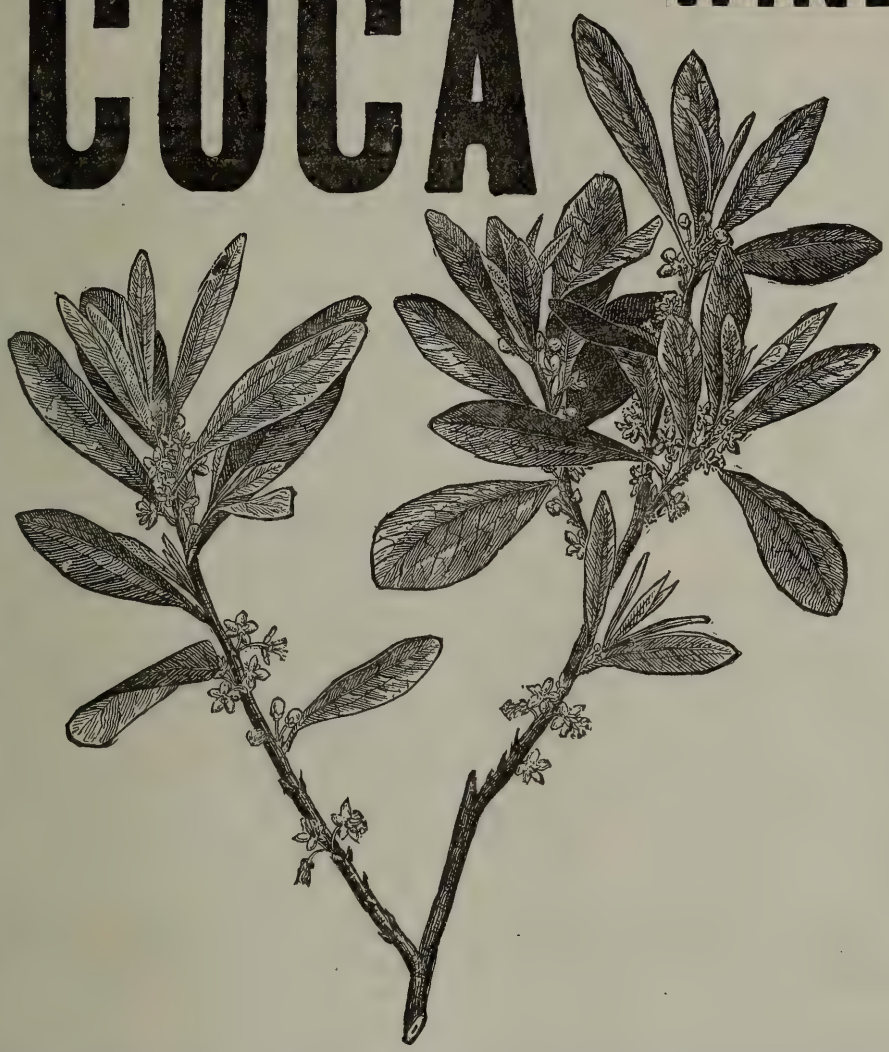
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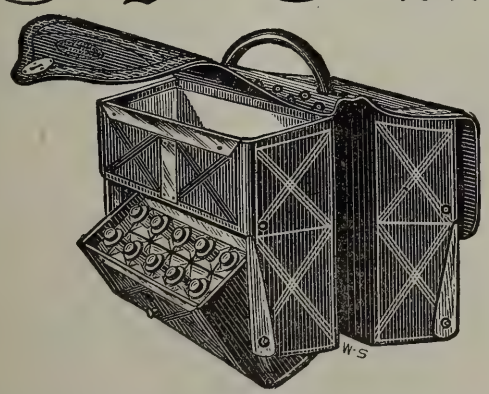
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VOL. 4. BOSTON, AUGUST, 1884. No. 8.

ORIGINAL COMMUNICATIONS.

PELVIC PERITONITIS: TERMINATING IN ABSCESS AND DEATH.

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

IN preparing this case, no attempt will be made to systematically discuss pelvic peritonitis, but certain points in the disease that have impressed me, and that seem eminently practical to the physician as he meets it at the bedside of the patient, will be presented somewhat in detail.

By pelvic peritonitis is understood inflammation limited to that portion of the peritoneum which invests the pelvic viscera, although it may sometimes spread to the entire peritoneal structure. Zienssen designates the disease pelveo-peritonitis. It may be of the puerperal or non-puerperal type. The latter form will only be considered in this paper; there is very much, however, that is common to both types of the disease.

Though pelvic peritonitis had been recognized previous to the resuscitation of the long lost knowledge of pelvic cellulitis, strangely enough, when that disease came again to be comprehended, pelvic peritonitis quite passed out of the comprehension of the profession. But at the present time the true condition is better understood, and it is held that a large proportion of those cases in non-puerperal women that have been considered pelvic cellulitis, were really pelvic peritonitis.

Courty after discussing peri-uterine cellulitis, says, in substance, that peritonitis not only complicates the inflammatory tumors which he has described, but in a great part constitutes them. And Bernutz, whom he quotes, proved by autopsies that tumors which were supposed to be peri-uterine phlegmons, were not situated in the pelvic cellular tissue, but were constituted by peritoneal adhesions uniting certain of the viscera together. Hence, it is evident that pelvic peritonitis may often be mistaken for peri-uterine cellulitis. But that the two diseases may exist separately, and that they may complicate each other, is conclusively proven.

In making a distinction between these diseases, Thomas says, "They may be compared to serous and parenchymatous inflammation of the lungs—pleurisy and pneumonia. Like them they are separate and distinct, like them affect different kinds of structure, and like them generally complicate each other." He also affirms, "Peri-uterine cellulitis is rare in the non-pregnant woman, while pelvic peritonitis is exceedingly common." Aran claimed, as the result of autopsies, that fifty-five per cent. of the cadavers of women showed signs of having had pelvic peritonitis to a greater or less degree, independent of its complication with peri-uterine cellulitis.

The above facts indicate how frequently this disease must exist unappreciated and undiagnosed, and also how frequently peritonitis in its active form is relieved without any special medicinal aid. As various authorities have suggested, there can be little doubt that many of the violent attacks of pain accompanied by high fever during the menstrual period, are inflammations of some portion of the pelvic peritoneum.

The causes of pelvic peritonitis are various. Cold and traumatic lesions frequently give rise to the disease. Parturition and abortion are the most frequent causes of the puerperal form. But unquestionably inflammation of some of the uterine annexes is the main cause of the non-puerperal form, and ovaritis and salpingitis are common among them. Menstruation is likewise a provocative of the disease. Noeggerath asserts that gonorrhœa in men is never cured, and that the woman who is married to the victim of that disease, however latent it may be,

is invariably contaminated with it. That gonorrhœa in the female is very prone to give rise to more or less inflammation of the pelvic peritoneum must be known to all who have much to do with the disease in that sex.

Whether or not Noeggerath may have over-estimated the liability of the wife under the circumstances stated, I know not; but so far as my observation goes, women married to old gonorrhœal subjects are peculiarly liable to disease of the mucous membrane of the genito-urinary tract.

In the progress of pelvic peritonitis three stages of the disease are recognized. In the first stage the vessels are engorged, and the parts are hot, dry and painful. In the second stage plastic lymph is exuded on the peritoneum, and serum and pus, or seropurulent fluids accumulate in the dependent parts of the pelvis. In the third stage, if the fluid is serous, it is absorbed; if there be pus it is eventually discharged; if lymph, it becomes organized, fixing the inflamed tissues in a tumor-like mass.

Thomas makes four varieties of this disease. The first is usually acute and constitutes the principal disease; the second occurs as a complication of other uterine disease, or of tuberculosis and takes on the chronic form, as a rule; the third is designated menstrual pelvic peritonitis, and is set up at the time of ovulation; while the fourth form, recurrent pelvic peritonitis, comes and goes at varied intervals of time, and is developed by slight causes.

The pathological anatomy of pelvic peritonitis is modified by the severity of the attack. In the milder forms there may be but little change in the tissues. In the severer forms the psuedo-membranes may give rise to extensive adhesions; these attachments being much more frequent posterior to the womb than anterior. Between the layers of these new formations serum is likely to collect, forming cysts, and these are especially liable to form in Douglas's cul-de-sac.

These conditions may be removed by resorption, or what is vastly more serious by pelvic abscess, or they may continue for a long period of time. If an abscess forms it is unusual for it to empty into the abdominal cavity, or to perforate the uterus. Schroeder says that perforation internally is most likely to take

place into the rectum, and next into the vagina. I once saw a very large pelvic abscess open through the ischiatic foramen.

The symptomatology of pelvic peritonitis is often obscure and perplexing. In the chronic form cases occur where pain and tenderness are present in no marked degree, and autopsies have been the first to reveal the fact that it had existed at all. In the acute form, however, there is severe pain and exquisite tenderness in the region of the inflammation. The pulse is small, wiry and rapid. The temperature may be low, but it is usually high. Wunderlich, quoted by Thomas, says: "It is not so much the actual height which is to be feared as its *constancy*, as are, also, great and irregular fluctuations between very high and very low temperatures." It is also certain that a return to a comparatively normal temperature should not too greatly encourage the physician unless all other conditions are likewise favorable, as I have abundant reason to know. A severe chill is common in pelvic peritonitis, but is by no means constant.

The physical signs, as the case progresses to the second and third stages, are usually heat and marked tenderness on vaginal touch, and later a tumor-like feel posterior to the womb, with more or less fixation of that organ. Indeed, the body of the organ is sometimes immovable, though the cervix may yield to pressure. Hypogastric tenderness is also very noticeable.

This disease is to be differentiated from peri-uterine cellulitis by the fact that the latter seldom occurs except in the puerperal state. The feel in peri-uterine cellulitis is more doughy, and the uterus is less firmly fixed than in pelvic peritonitis; the tenderness is diffused in the former, and its chief points are lateral to the uterus, while it is most likely to be posterior to it in pelvic peritonitis.

This disease can hardly be mistaken for a fibroid tumor, as in the latter there is seldom pain, tenderness or inflammation. Fecal impaction, however, has been mistaken for pelvic peritonitis. The history of the case assisted by rectal examination should prevent such a mistake. The suddenness of the appearance of hematocele and the absence of inflammation, and the presence of hemorrhage, generally, should prevent an error in this case.

The prognosis in pelvic peritonitis will vary according to the comparative violence of the attack. In its milder form a restoration to health is to be looked for, but a perfect recovery from all its results is not so certain. In its more violent forms, especially if the subject of the attack is of a tuberculous diathesis, the prognosis is grave indeed.

The results of the disease are too frequently most distressing. Abscess may occur; fixation or mal-position of the uterus may follow; while fallopian or ovarian lesion, or both, are common consequence of it. Dysmenorrhœa, amenorrhœa and sterility are very likely to follow it.

Opium preferably combined with atropine and administered hypodermically to give quiet and relieve pain is the first remedy to be used in the severe forms of this disease. The external application of heat, the chloroform and aconite liniment, and the ethereal tincture of iodine, as may seem most indicated, are never to be omitted. But if the effusion is extensive, and if plastic lymph has been freely exuded, and in the chronic form of the disease, the external remedy, *par excellence* in my opinion, is the emplastrum picis comp. of Dr. Wooster Beach's formula. This remedy is too little known and far too little used by the eclectic physicians of to-day. Aconite should be given internally to allay fever, and quinine to give support to the vaso-motor system. Cathartics should be proscribed, and the secretions of the kidneys and the condition of the bladder carefully watched. Vaginal injections of warm water medicated with laudanum often give great relief to the suffering patient. In the chronic form special care should be taken that the patient does not over exercise on the one hand, and on the other that she does not become despondent and avoid all efforts at physical exertion. The marital right must be absolutely abstained from. The diet should be generous and nutritious, and if the vital forces flag, alcoholic stimulants should be administered.

If abscess form, Schroeder says, "They only should be opened when they cause a protrusion." Thomas says, "The safest rule for practice will be this: "If in spite of the sero-purulent collection the patient be doing well and do not suffer from the local trouble, it should be left to empty itself sponta-

neously. If, on the other hand, the patient suffers from the collection and is not progressing favorably, it should be evacuated." Courty, after quoting eminent authority (Aran) who thinks "pelvic abscess should seldom be opened artificially," says: "Expectation is more indicated in those (abscesses) produced by pelvic peritonitis." * * * "On the other hand, whatever be the origin, though pelvic abscesses may not always be in condition to be opened early, as happens in other purulent collections, I think it dangerous to wait too long."

[TO BE CONTINUED.]

CYSTITIS.

BY ABEL WARES, M. D., HAVERHILL, MASS.

INFLAMMATION of the bladder, technically termed cystitis, generally begins in the mucous membrane, and presents itself under two forms, the acute and chronic. Of these the first is of rare occurrence; a circumstance, the more surprising when we consider the various conditions of the urine at different times, from the effect of food, drinks, medicine and disease.

In the course of an extensive practice of twenty-nine years, comparatively few cases have fallen under my observation. Dr. Louis, of Paris, examined five hundred subjects dead of various diseases, and found only six cases in which the mucous membrane of the bladder, was affected, there being no change of structure; in a few only was there any softening or organic change. Brodie, Begin, Hope, Coulston, and other writers give similar testimony. On the other hand we find the chronic form of the malady common enough, and it causes a great amount of suffering, and, as frequently treated, continues for months and even years.

According to Gross and other authorities, the whole surface of the bladder is not affected at the same time, but the diseased action exists in patches varying in size from that of a twenty-five cent piece, to that of the palm of the hand.

Any part is liable to suffer, but the neck and the bas-fond are the most frequently affected, for the reason, probably, that they are the most sensitive, and are the most exposed from their

situation to the exciting causes of the disease. The inflammation often spreads from the mucous membrane to the sub-mucous tissues, and finally to the muscular tunic.

The peritoneal investment is rarely affected, however serious the attack, but when it does become implicated, the resemblance to an attack of enteritis is strong.

The causes of acute cystitis are numerous and varied. "It sometime occurs," says Gross, "from the imprudent use of cantharides, oil of turpentine, nitrate of potassa and other stimulating diuretics, while contusions of the perineum and hypogastrium, from blows, kicks or falls, may give rise to it. It also frequently originates from gonorrhœa, from the use of irritating fluids as lotions, or the introduction of the catheter, bougie, or sound."

It may be caused from excessive venery, and from inordinate distension of the bladder from neglect to void the urine. A sudden transition from heat to cold, may also give rise to acute cystitis, especially in persons of gouty or rheumatic habit. The most frequent causes, however, are wounds of the organ; the presence of calculous concretions, the use of alcoholic beverages, enlargement of the prostate, stricture, and injuries during parturition. The urine if too long retained undergoes chemical changes, and becomes acid and irritating, and this may cause cystitis.

The symptoms of cystitis vary with the age of the patient and his habits. The first symptom is generally a pain, sometimes amounting to little more than uneasiness, in the region of the bladder, which rapidly increases until it becomes severe, and extends to adjoining organs.

At this stage, there is little if any constitutional disturbance, but if any is manifested, there will be slight chill, alternating with flashes of heat, with a little acceleration of the pulse, which is rather harder than normal. The patient now begins to suffer from frequent calls to void the urine, which is passed in small quantities, or drop by drop, accompanied with violent straining, and a sensation of burning and scalding at the neck of the bladder, and along the urethra, which is very distressing. The hypogastrium is distended and exquisitely sensitive, so that the

weight of the bed clothes is intolerable. The limbs are drawn up and the body bent forward so as to relax the abdominal muscles.

As the disease progresses, attempts to pass water become more and more frequent and urgent. The pain in the bladder assumes a lancinating, tearing or throbbing character, and the urine that passes is thick, ropy and tinged with blood.

Movements of the body augment the suffering as does the act of defecation also, and therefore are restrained as much as possible. The perineum is tender to the touch, and there is a sensation of bearing down almost equal to that which attends child-birth.

As the disease progresses, the patient becomes unable to empty the bladder, the urine dribbling away only, until the bladder becomes distended and ascends above the pubes, forming a globular and elastic tumor exquisitely sensitive to the touch. Constitutional disturbance is now well marked, the pulse is hard, small, frequent and wiry, the skin hot and dry, the tongue coated, and the appetite wanting, while the thirst is urgent and the countenance wears an anxious and dejected look, the patient being restless and unable to obtain relief in any position. The limbs are drawn up as in an attack of enteritis, and there is generally great distress about the rectum and anus.

As the disease progresses to a fatal issue, a cold clammy perspiration is poured out which has a peculiar urinous odor; the mind wanders, hiccough supervenes, the strength rapidly declines, the countenance assumes an expression never forgotten when once seen, the extremities become cold, and the patient finally sinks into a state of coma from which he never revives.

Some diversity occurs in the symptoms of cystitis dependent upon the seat of the inflammation, the pain, and difficulty in urinating being greatest when the neck of the bladder is the part affected, the sensation of scalding extending along the whole length of the urethra, while in some cases the patient is tormented with frequent erections, and itching of the penis. In this case the passage of the catheter is necessary to relieve the distended bladder, and causes extreme suffering, as does also the process of defecation, especially if the bowels are constipated. When

the anterior portion of the bladder is inflamed, there is still great tenderness, but all the symptoms are present in a less degree. The desire to micturate is not so frequent, and the urine can be voided with much less difficulty. Sometimes the disease is located about the outlet of the ureters and causes suppression of urine; this being the case, the bladder would not be as large and tender.

The amount of urine passed in twenty-four hours, will be nearly the same as in the healthy state, although passed more frequently and in small quantities. It is usually acid and has a dirty drab or deep red color. On examination after it has stood a few hours, it is found to contain shreds of mucous or mucous and lymph, forming a ropy gelatinous mass clinging to the bottom of the vessel, equal in bulk to a fifth, a fourth, or even a third of the urine passed. At the commencement of the inflammation the urine is not albuminous, but seldom fails to become so duriug its progress. When there is a renal complication, the urinary secretion is entirely arrested or greatly diminished.

Acute cystitis runs its course quite rapidly, not continuing beyond the sixth or eighth day, terminating either in resolution, suppuration, passing on to gangrene, or assuming a chronic character.

When the inflammation subsides, the pain abates, the desire to micturate gradually grows less, the urine though still turbid is more copious, the scalding along the urethra diminishes, and the patient is able to bear more pressure on the hypogastrium and perineum.

With this abatement of the local symptoms there is a corresponding amelioration of the constitutional condition; the fever and thirst are less, the pulse not so frequent and softer, the skin becomes cool and moist, and restlessness ceases. A sensation of weight and numbness or uneasiness usually remains in the affected part for several days after the violence of the attack has subsided.

The prognosis of cystitis depends much on the severity of the attack, the part affected, and the condition of the patient when attacked. If he is more or less robust, and of temperate habits,

and the fever is moderate, it will yield much more readily to treatment than when it occurs in one of an enfeebled constitution or who is intemperate.

Cystitis from protracted over distension may prove fatal from the fourth to the sixth day, being preceded by coma and urinous odor of the perspiration and suppression of the renal secretion.

In a case associated with stone, stricture of the urethra, enlargement of the prostrate, or organic lesions of the kidneys, the prognosis is exceedingly grave. Inflammation of the bladder resulting from a lacerated wound is more dangerous than from an incised wound; and the traumatic form of the disease than the idiopathic. When the inflammatian is confined to the neck of the viscus, it may prove dangerous by impeding micturition; when located in the bas-fond it is serious from a liability to obstruct the flow of urine from the ureters. If the inflammation is situated at the summit or posterior portion of the bladder, the morbid action may extend to the serous investment, and induce fatal mischief. If the inflammation depends upon retrocedent gont or rheumatism, it may prove dangerous by resisting the means employed to reinvite it to its original seat.

The idiopathic form of the disease is more dangerous in men than in women, and in childhood and old age than in youth and middle life.

A proper consideration of the nature, causes and symptoms of a case of cystisis will lead to the adoption of correct principles of treatment. Inflammatory in its character, the means employed to reduce it must be the same as are resorted to in the attempt to allay inflammation of mucous surfaces elsewhere.

The leading indications in every case of acute cystisis are: first, to subdue symptomatic excitement; and secondly, to quiet local irritation. For accomplishing the first of these ends, the remedies relied upon in the earlier stages are tincture of lobelia, aconite, eryngium acquaticum, morphia, and the application of hot wet compresses, or the wet bandage. First, I would give the lobelia and morphia per rectum—the dose being regulated by the age, strength and condition of the patient—and repeated every hour until the pain began to subside, and then every two

or three hours as might be needed to maintain comparative ease. The aconite should be given in the first dilution, twenty to thirty drops to four ounces of water, one teaspoonful every hour until free diaphoresis occurs, and then every two hours to maintain the effect..

When the inflammation occupies the bas-fond or inferior part of the bladder, the rectum is more frequently affected, and the patient is harrassed with constant straining or tenesmus, and for this I find the nux useful, in small and frequent doses. Sometimes the inflammation is located around the outlet of the ureters, which thus becomes involved in the affection, followed occasionally by suppression of urine with its whole train of concomitant evils. For this I should continue the same treatment with the addition of the fluid extract of the stigma of maize, one drachm every three hours. For inflammation of the neck of the bladder I should give the fluid extract of alianthus in fifteen drop doses combined with the specific tincture of eryngium aquaticum one drop every hour until relief was obtained.

FRACTURE OF THE PUBIC BONES.

BY H. G. NEWTON, M. D., BOSTON, MASS.

Some years ago I was called to attend a boy of nine years of age, who had been run over by a horse car. Two cars were passing, shackled together, both being empty, and in attempting to catch a ride he fell between them, and the forward wheels of the second passed over him. As he lay on his back, the wheels caught his left foot and pressed the heel up against the perineum with such force as to dislocate the femur downwards into the thyroid foramen. The limb was flexed, the knee spread outward and slightly dislocated, and the foot crushed, while nearly all the tarsal bones were badly displaced. The pubic bones were crushed in so as to press on the bladder and prevent micturition, while five of the ribs, the fourth, fifth, sixth, seventh and eighth, were fractured, and there was very extensive contusion and laceration of the soft parts along the course which the wheel took in its passage from the heel to the shoulder.

What probably prevented an immediately fatal injury was that

when the wheel pushed the foot up into the perineum, it encountered the large, thick leather heel of the boy's heavy boot, and thus did not depress the fractured pubic bones so far backwards as it otherwise would have done, and at the same time it rebounded as we may suppose to a certain extent, striking with less force on the thorax, and thus inflicting a less serious injury on that and the abdominal viscera than it otherwise would have produced.

The case looked serious indeed, and discouraging enough to myself and assistant, as it had to two well known surgeons, who had seen it the day before, and had respectfully and gracefully declined to attempt any treatment whatever.

Thirty-eight hours had elapsed since the receipt of the injury when I saw the patient, during which time the suffering and shock had been severe, much tumefaction had taken place, and neither micturition nor defecation had been performed.

After securing an indemnifying bond, which should not be neglected in such a case, with a guarantee from the friends of the payment of the bill for services, I etherized the patient and evacuated the bladder by the catheter, and the rectum by stimulating injections. The boy being kept in the dorsal decubitus, I passed the first two fingers, well oiled, of my left hand into the rectum, pressing firmly up against the posterior aspect of the pubis, the fingers being separated as much as possible to avoid injuring the prostate and urethra, the right hand assisting externally, until I had returned the bones to their proper position. Holding them steady by both hands, I directed my assistant to reduce the dislocation of the femur, which he did very dexterously, and placed the limb parallel with its fellow which was extended. I should have stated that the crepitus of the fractured pubic bones was very plainly discernable. After properly securing the adjusted parts with bandages, we next turned our attention to the foot. At first it was thought advisable to amputate, but on reflection I concluded that the additional shock of suck an operation would probably lead to an immediately fatal result, and that the only way to save the life of the patient was to save the foot, which however, had at that time little resemblance to the other one, or to any foot which I had ever seen. It seemed a

hopeless task to attempt to replace the various bones in proper position, and over an hour was consumed before the desired result was attained.

By dressing with splints and bandages we succeeded in retaining them in place, although much suppuration and sloughing ensued, which was treated with injections of sulphate of zinc, carbolic acid, etc., cauterizing whenever fungoid granulations appeared, and such other treatment as is usual in such cases, and as seemed advisable. The chest was bandaged with a stiff duck waist constructed for the purpose, with straps and buckles so that it could be adapted to the tumefaction which followed for a few days, or weeks, and flannels moistened with a liniment composed of tincture of opium, arnica, camphor and aconite. The urine had for several days to be drawn by the catheter, and the bowels had to be kept open by enemata for a time. The patient was visited at frequent intervals for several weeks, anodynes and sedatives were exhibited when necessary, and in less than four months the boy was able to attend school with little lameness and little apparent evidence of the injury, except that the left leg was about one-fourth of an inch longer than the right, which was not injured.

I have attributed this to a deposit in the acetabulum which took place during the time that the femur was left unreduced, though it may have been from some change from the true position of the bones of the pelvis, or of the foot. When last I heard from the patient, he remained in good health, although he had been run over by lighter carriages once or twice since.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

WANDERING SPLEEN.—SPLENOTOMY.—RECOVERY.

PROFESSOR YOUNKIN gives the details in the *American Medical Journal*, of an interesting case of removal of the spleen, as follows:

May 17th last, I was summoned to consult with Prof. Pitzer in the case of Mrs. M. Thomson, of Wichita Falls, Texas, who

came to St. Louis to obtain relief from constant and severe distress, which she suffered from a wandering spleen.

Mrs. Thomson is naturally small in stature and sparsely built; weight, 96 pounds; age, 32 years, and married. Three years ago she gave birth to her only child. The labor was tedious and painful, though no instruments were used. She soon recovered her normal health. Nearly a year after this occurrence, she observed an enlargement in the left iliac region, which was felt to move upon change of position. It soon could be moved to either side, and when standing it sank down upon the pelvic organs. The pain was constant and distressing, and could not be entirely relieved by drugs. An effort was made to support the apparent tumor by means of abdominal stays, but to no purpose. She had been repeatedly examined by various physicians, who differed in opinion as to the nature of the case.

Upon our examination, the enlargement could be felt, and readily moved in any direction. It could be felt per vaginam, then separated from the uterus and carried above the umbilicus. It seemed two or three times as large as the healthy spleen. Upon placing the hand upon the abdomen and over the mass, rotating it, its borders could be felt. Percussion showed that the spleen was absent from its normal position. Thus it was recognized as a floating spleen.

The lady seemed to enjoy comparatively good health, aside from the discomfort and trouble produced by this abdominal invader, and she was exceedingly desirous of having it removed.

On May 21st, the spleen was extirpated after the antiseptic method. When placed on the operating table in Pius Hospital, the spleen was found resting just under the umbilicus, and at the median line. Amylated chloroform was administered. The incision in the median line was made about six inches in length, extending from the umbilicus downward. The walls of the abdomen seemed more vascular than usual, and more than usual time was consumed in checking the seeping of blood before the peritoneum was opened. When the incision was carried through, the omentum presented. This seemed to be adherent below, and hence an incision was made through it, when the spleen was reached. The incision being made sufficiently large, the spleen was lifted from the abdominal cavity, and laid outside of the walls.

The hilus was occupied by a group of vessels which seemed to be quite separate from each other, save the ligamentous and peritoneal tissues which surrounded them. The gastro-splenic ligament, veins and arteries were free from all connection with neighboring organs, a distance of about six inches, and presented

at the hilus a series of groups. The central group contained one large artery, the caliber of which was the size of a number thirty bougie of the French scale. This was denuded of its sheath and tied firmly with virgin silver wire, the ends rolled up so as not to excoriate in the future. The groups on either side contained smaller arteries. Two on the right and one on the left, making four good-sized arteries entering the spleen. They were all secured in like manner.

There were two splenic veins still larger than the arteries, which were also tied. After having first tied some of the arteries with catgut ligature, I began to fear that these might be absorbed too soon, hence I tied with the silver wire. These will become encysted, and create no trouble.

The spleen was now held a little to one side of the abdominal incision, that the venous blood with which it was engorged might not enter the abdominal cavity, and the organ was severed from its attachments. It soon lessened its own bulk, as the veins were cut.

The pedicle was now closely scrutinized, to see that all hemorrhage had ceased, and was then dropped back into the abdomen. A small amount of serous fluid had collected in the abdominal cavity, which was carefully sponged out.

The abdominal walls were closed with deep wire sutures and with superficial sutures of iron dyed silk.

The wound was covered with antiseptic gauze, absorbent cotton, sealed with rubber tissue, and retained by a bandage. The dressings were examined every day under the antiseptic spray and renewed.

Immediately after the operation, one-fourth grain of sulphate of morphia was administered hypodermically. In a few minutes the patient awoke, feeling comparatively comfortable. She rested very well during the night. She was kept on a low diet for twelve days. Slight nausea ensued the first twenty-four hours from the anæsthetic. Milk and lime water were given. Aside from these agents, no medicine was required until the eighth day, when citrate of magnesia was taken to move the bowels.

We began to remove the sutures on the fifth day. They were all out by the seventh. Healing was perfect without a drop of pus. Once or twice our patient spoke of slight pain in the region where the spleen is normally located, and at the sutures. Previous to the operation, she presented a temperature of 99.5° F., and her recovery has been without further rise of temperature, save one or two evenings, when it rose to 100.4° F.

The removed organ, after the blood was emptied from it, was only a little larger than normal. Its parenchyma was not pathologically changed.

Mrs. Thomson has been comparatively comfortable and jovial from the time of the operation till now. She eats and sleeps well, and seemingly suffers no inconvenience from the loss of the spleen. I imagine there may be a certain degree of weakness in the reproduction of blood corpuscles until the proper transition is made to other lymphatics. On the thirteenth day she sat up in bed; on the fourteenth she sat in a chair; on the fifteenth she walked across the floor; on the seventeenth the menses appeared, just twenty-eight days from the last menstruation; on the twenty-first day she rode out in a buggy, and at this writing, the twenty-eighth day, she is able to go about as she pleases, and will start for her home, in Texas, in a few days.

The above case is one of unusual interest to those who witnessed the operation—from the rarity of the case; from loss of the almost natural organ, and from the fact of a rapid recovery.

So far as our observation extends, this is the fourth case of the kind in this country. There are some forty cases recorded from all sources—nineteen operations on account of traumatic causes, all of which terminated favorably; twenty-one from pathological causes, twelve of which died. Hence we say, Mrs. Thomson's chances are good.

We hope to be able to record the effects of this operation, as it marks upon future health. The husband promises to tell us how it affects future disposition, though we imagine that this lady was already of a very sweet temper. We know of some husbands who might apply.

THERAPEUTICAL ACTION OF CIMICIFUGA RACEMOSA.

An interesting series of articles entitled Practical Therapeutics has been running in the *Chicago Medical Times*. In the July number the writer has this to say concerning the therapeutical action of cimicifuga:

Macratys Racemosa, although entensively used by a large class of physicians for years past, is but vaguely understood. It is a powerful drug, and if used properly will correct many pathological conditions. If used in small stimulant doses, it is a very valuable agent in muscular rheumatism, especially if the pains are increased by muscular contractions, with a tendency to hyperæmia about the joints. As a remedy to establish normal activity in the organs of the pelvis, few agents will equal black cohash. Its influence is towards normal circulation—normal functional activity. When suppression or tardy menstruation depends upon

innervation, no remedy will be found better than this. It is also *the remedy* in amenorrhœa, either tardy, slow, irregular, scanty or protracted menstruation, dysmenorrhœa, especially when there is the slightest evidence of a rheumatic diathesis. In these cases macrotys may be combined with pulsatilla and given for several days preceding the expected period and until the discharge is fully established. Some cases will require a continuance of these remedies for two or three months before complete relief is obtained. During pregnancy, macrotys is one of our most reliable agents to relieve the uneasiness, aches and pains which are often distressing during that period.

FARADISM IN DISEASE.

Probably in no condition is faradism more applicable than in the treatment of nervous dyspepsia. Practitioners who once learn the advantages to be derived from it will not be likely to adhere to the uncertain and unsatisfactory results of drug action alone. We would not be understood as referring disparagingly to the use of drugs in the treatment of this disease, nor would we discourage further investigation of drug action as applied to its cure. Let all be learned that can in this direction; but we are confident that at the present status of therapeutical knowledge, no other one agent offers so promising results as electricity.

We have known the unpleasant sense of oppression at the epigastrium, the dyspnœa, the inclination to yawn, the bloated sensation, the accumulation of gases, the craving, unnatural appetite, the distress following eating, as well as the headache and other complications, to disappear rapidly under the influence of faradic treatment alone. However, it might be well to impress the mind of the patient by the administration of some harmless agent. Often some indicated remedy may be appropriately administered as an adjunct.

How will we administer faradism in a case of nervous dyspepsia? The same principles apply which have already been laid down. In atony, which will usually exist, we desire to bring the organ under the influence of the negative pole. This may be accomplished by applying the positive to the vertebra prominens, or between the shoulders, and the negative to the epigastrium; thus the solar plexus and its branches may be brought under the direct influence of the current.

Both poles may be allowed to remain stationary for four or five minutes, the current being gradually strengthened, until the stomach may be felt contorting under its influence. Then the negative should be passed transversely across the epigastric,

hypochondriac, umbilical, lumbar, and indeed over the entire abdominal region for five minutes or more. The current should be sufficiently strong to cause active contraction of the abdominal muscles.

At the end of this maneuver, attach the tongue-plate to the positive conductor, and instruct the patient to sit on the negative sponge, either with the nates bared, or only covered by some thin fabric which may be readily moistened so that the contact may be easily made. Now, having removed the attachment of the positive cord from the battery, instruct the patient to put the tongue well out, and apply the tongue-plate firmly to it, then attach the cord to the battery. This will obviate an unpleasant shock, which would be communicated to the tongue were the connection made upon that organ. The current may now be gradually strengthened, and allowed to continue for two or three minutes. In this way the entire intestinal tract may be invigorated, and good results will certainly follow, if there be no organic disease to interfere.

The A. D. posts will usually afford the proper current for these variations, though if the battery be in extra condition, the A. C. current may be strong enough for the tongue.

In finishing this treatment, the general tonic treatment already described may be employed. Drugs should be administered in small doses here, and with some special object in view, or else they had better be omitted entirely. Proper instructions regarding diet also suggest themselves, though very soon the unnatural cravings of the dyspeptic will cease, under this treatment.

Sometimes the epigastrium will be tender on pressure, and the use of the negative will be attended by pain and followed by considerable distress. Here we should employ the positive over the epigastrium, and the negative at the vertebra prominens, reversing for the purpose of deriving the soothing influence of the current; though the tongue-plate should always be used by being attached to the positive.

In using this, instruct the patient to avoid bringing the electrode in contact with the teeth, as sharp twinges attend such accidents. The plate should be pressed firmly down on the organ, as a light touch is attended by unpleasant stinging sensations.—*California Medical Journal.*

A NEW METHOD OF PREVENTING HEMORRHAGE IN PLACENTA PRÆVIA.

After giving the details of a case at the eighth month when hemorrhage had been so profuse as to induce syncope, Dr. Hutton, continues as follows (*Medical Age*):

The indications plainly were that interference could no longer be delayed, the situation was already alarming. I ordered stimulants given and the foot of the bed elevated. Dilation of the os by force, turning and speedy delivery, or the temporizing and, to my mind, unscientific tampon, were the only alternatives recognized by the authorities. I was averse to both of these, though it was clear to my mind that something would have to be done immediately, for if another considerable hemorrhage should occur, the scene would close with the death of my patient.

At this juncture the thought flashed into my mind that if I could keep the uterus firmly and continuously engaged in the brim of the pelvis, by pressure over the fundus and by counter pressure against the margins of the os, I could control the loss of blood. Therefore, with the fingers of my right hand against the os, and my left hand and forearm embracing the fundus, I commenced to "hold the fort." I directed an attendant to administer milk punch and another teaspoonful of the fluid extract of ergot. The milk and whiskey seemed to have the desired effect of reviving the patient. She rallied well and labor pains soon grew strong. After a time I succeeded in rupturing the membranes with my finger nail. The rupture was followed by a slight discharge of the amniotic fluid.

No hemorrhage occurred after the pressure was applied to the fundus, and it was maintained continuously, either by myself or an attendant, the patient bearing it without complaint or inconvenience.

My interest in observing the progress of labor in this case was quite unusual. The combined influence of ergot and the expressive massage did not unduly augment the uterine action. I soon discovered the pressure on the margins of the os was quite unnecessary, and in lieu thereof I used my best endeavors in aiding its dilation with my fingers. Labor was progressed after the most approved manner, and was entirely uneventful, save that it was somewhat tardy, because of the unyielding condition of the os in the early stages. The child was born alive, but not lively, at five o'clock the same morning. Pressure was continued over the uterus until after the secundines were expelled, and a well-fitting bandage was applied.

The child survived only about one hour. The mother made a speedy and perfect recovery and is enjoying most excellent health at the present time.

Rationale.—I am not unmindful that theories are sometimes delusive, but a careful study of the physiological phenomena of parturition leads me to believe that when rightly apprehended they will afford the explanation to the successful means of con-

trolling hemorrhage in almost, and possibly all, cases of placenta prævia, occurring at or near the full term of gestation, which is the time of greatest danger. The questions principally involved in my theory of the control of hemorrhage in placenta prævia, have reference to the antagonizing forces hindering the dilatation of the os uteri when labor is or should be commenced, and the *modus operandi* of overcoming the same. The inception of parturition would seem to be more or less of the nature of a surprise to the uterus, disturbing the apparent security gained by months of elaborate strengthening of its cervical walls for the support and protecting its accumulating treasure. But, like all other functions of the body, that of parturition is usually performed by nature's ordained method, without the accoucheur's aid and in defiance of all antagonizing forces. The stubborn resistance to the expulsion of the contents of the uterus, observed by all practitioners of midwifery, in the early stages of labor, is frequently little less than phenomenal. Were it not for the rebellious muscular tissues investing the cervix uteri, labor would be discounted of the pain, agongy and dread which it occasions in the woman, to say nothing of the vast gain of time, in the aggregate, to the accoucheur, the importance of which needs no mention.

Synchronous with each systole in labor, there is a descending movement of the uterus, bringing and maintaining it, during the pain, in contact with the maternal pelvis. This is followed by a resilient movement, synchronous with the uterine diastole. The resilience is not merely the measure of resistence of the cervical and other muscular tissues, effected by the systole, but is also the gauge of the diastole, and the dual phenomena, though only possibly a source of delay and suffering to the patient in labor, with normal attachments of the placenta, *if not restrained or counteracted*, become the agencies of fatality, in placenta prævia. This is because the blood escapes from the torn vessels, due to contraction of the uterus in that portion to which the placenta is attached, only when that contraction ceases. Dr. Charpenter, in the Archives de Tocologie, 1875, says, "The hemorrhage in placenta prævia takes place during the diastole, but is expelled during the systole, *and if the latter were continuous it could hardly take place at all.*" I italicise the last words of this quotation, because it is the lock into which my key fits.

Resilience is overcome, the diastole contracted, and continuous systole simulated, by the application of suprafundal pressure. The force should be sufficient to maintain the cervical portion of the uterus in continuous contact with the superior strait of the maternal pelvis. This, incidentally, is important, as an external

compress around the cervix; but the more important effect of the pressure from above, is to force the contents of the uterus into its cervical and dependent portion. The brim of the pelvis being a fixed external resistance, impinging at a point corresponding with the plane of the internal os, would make further descent of the uterus impossible. Hence, in obedience to dynamic laws, compression of the fundus must cause a corresponding expression of the cervix and os. The logical effect of such change of force would be to facilitate the speedy expulsion of the uterine contents.

The advantages of a persistent expanding force, for the dilatation of the natural canals and passages of the soft parts of the body, are well understood. How quickly for instance, are the sphincter muscles overcome by the application of unintermitting opposing force.

In conclusion: the efficacy of the method which I submit for the control of hemorrhage in placenta prævia, rests on the possibility and safety of applying sufficient suprapressure to the fundus to cause the more dependent contents of the uterus to compress the mouths of torn utero-placenta vessels, to the extent of preventing the escape of blood. The tourniquet controls the current of blood in the large arteries, not excepting the abdominal aorta. To me the method which I have suggested for controlling the hemorrhage of placenta prævia, seems scarcely less reasonable than the application of the tourniquet, while my single, apparently fair, test case strengthens the conviction that it is practicable. It certainly looks feasible, being in harmony with the laws and natural forces controlling the mechanism of parturition. Placenta prævia is abnormal, and nature, unaided by the accoucheur's skill, is unable to tide over the breakers. It devolves on us in the perilous emergency, to so direct the natural forces that they shall bear the frail bark past the shoals and rocks and into the quiet haven. For this we are doctors.—*Eclectic Med. Advocate.*

SUPERNUMERARY VERTEBRA.

E. N. Smart, a student in the Iowa Medical College, writes to the *Iowa Medical Journal* of a case where the usual number of vertebræ was departed from:

The spine is a flexible column, made up of bones called vertebra. These vertebra are twenty-four in number, excluding the five sacral and four cocygeal. Gray tells us this number is sometimes increased by an additional vertebra in one region, or the number may be diminished in one region, the deficiency being supplied by an additional vertebra in another. In the case under consideration, there were twenty-seven vertebra aside from

the sacral and cocygeal. These extra vertebra were found on dissection to be in the dorsal. Another remarkable deviation from the normal was that the atlas was firmly united by bony union to the skull. The axis was also united to the atlas, but not nearly as firmly as the atlas was united to the skull, but still sufficient to prevent the rotating of the head on the axis. The odontoid process instead of being tooth shaped was flattened at the point and fungus like in shape, making the vertebral foramen of the atlas and axis less in its antero-posterior diameter and of very irregular shape, and must necessarily have caused more or less pressure on the cord.

SELECTIONS.

CHRONIC DYSPEPSIA.

Dr. O. F. Taylor writes the *Atlantic Journal of Medicine* concerning the very gratifying results he has obtained by the use of listerine in cases of chronic dyspepsia:

W. H., age 35, came to me for treatment for dyspepsia of long standing; his pain and discomfort were great, the stubbornness of the disease having produced mental depression and attendant evils. I put him on the following prescription: Listerine, 2 oz.; water, 4 oz.; one teaspoonful before meals. After several weeks he returned much improved, and reported he was able to retain everything he ate with very little intestinal pain except when tempted to take heavy diet, such as fat meats, cabbage, etc. I then prescribed listerine 4 oz., water 4 oz., to be taken as before, and he has since obtained complete relief, and regaining flesh and spirits without further treatment.

I have had several similar cases of stomach derangement, and the listerine certainly gives me better results than any other remedy, and I would not be without it. It controls acidity promptly, produces a cooling and pleasing sensation, and is grateful generally to a patient thus afflicted.

Apropos of the above, we prescribed—℞. Listerine, 2 ʒ. S. Teaspoonful after meals in water—for a case of chronic intestinal dyspepsia with very gratifying results.

It is true the patient, an old lady, was not permanently cured of her trouble, yet the fermentation of starchy and saccharine food was arrested; consequently, gaseous distension of the bowels and colic, which before had caused her painful and sleepless nights, were followed by ease and sound sleep upon taking listerine.

THE HURST PERFORMANCE.

The following estimate of the Georgia Wonder, Miss Lulu Hurst, who has been exhibiting her alleged wonderful powers in this city during the past week, may be of interest to some of our readers who have seen her performance:

We may say at once that she failed to satisfy the intelligent and critical among her audiences that she possessed any occult force whatever. The remarks which we made concerning her in a previous editorial were perfectly justified by a careful personal examination of her exhibitions. The "new force" acts only through the muscles of Miss Hurst and those experimented upon. It is, in fine, muscular force, and that is all. Miss Hurst is a strong, large-framed girl, and has the power of very rapidly contracting her muscles. A man takes hold of a cane with two hands and is told to hold it still if he can. He immediately throws his muscles into a state of extreme tension; Miss Hurst then lays her big hands on the cane, with the thumbs underneath, we are told. By very slight but rapid muscular movements the cane is twitched around. The more the man resists, the more tense his muscles, and the more easily the cane is pushed about. Soon the man becomes excited; he thinks he is wrestling with a force, and performs various ludicrous gyrations. Miss Hurst ingeniously makes him labor and perspire over nothing. This is the sum and substance of all the experiments. No test upon an inanimate object shows anything at all. In keeping a chair from the floor, she holds it in a peculiar way, and apparently exerts her own not inconsiderable strength.

If Miss Hurst, as is possible, is not consciously deceiving, then it would seem as if the contact of her hands with umbrellas, chairs, and billiard cues produced a kind of artificial chorea. The phenomena she exhibits and calls out, are, at any rate, interesting perversions of the psycho-motor sphere.

They are still more interesting as illustrating the credulity and the utter incapacity for scientific examination of such performances which have existed among most of her audiences. We understand, however, that the true nature of her "force" has been exposed since her arrival in this city.—*Medical Record.*

LOBELIA INFLATA.

I am confident no one who has used lobelia properly, *i. e.*, in small doses frequently repeated, would like to be deprived of its valuable properties in the treatment of angina pectoris, dyspnœa

attendant upon cardiac oppression, or those cardiac disturbances of a reflex origin.

The following case from my pocket record of a recent date will illustrate the brilliant action, in a case of pre-cardial oppression in a rheumatic lady, 40 years, large and fat, weighing 200 pounds. Was attacked at 10 o'clock A. M., with intense pain in the pre-cardial region, attributed to indigestion. The family attempted to relieve by mustard emetic, cataplasms, and the general routine practice of antiacids, carminatives, stimulants, and warm applications. I arrived at four o'clock, found her sitting in bed, with a horrorstricken expression, complaining of great pain in region of heart and under sternum, the surface bathed in a cold perspiration, with a sick nauseous stomach, the radial pulse scarcely perceptible, the heart's action weak, irregular, and thrilling or shivering, the chest wall fixed, the breathing labored and quickened, with a gasping cry, "I shall die doctor, if not relieved at once! I shall die!! I want breath!!" I thought of lobelia and nitrate of amyl; had no lobelia, but crushed a part of five gtt. of amyl on a handerchief, and applied to nose, which afforded some relief, but intensified the nausea and pain under breastbone, with a greatly intensified thrilling or shivering of the heart's beat. I went for the tr. of sem. lobelia, which I administered in gtts. xx., and again went to prepare a dose of chloral, but on entering her presence found the symptoms better, and again repeated tr. lobelia gtt. xx., which in half an hour had so far removed the alarming symptoms that I did not give the chloral, but ordering a flannel wrung out of warm whiskey and water placed over the heart, and to be renewed if necessary, left to call again at 9.30 A. M., when I found her asleep, breathing superficially and rather faster than normal, but the pain and oppression all gone, with small blisters over heart, repeated by moving from place to place around and over this organ. With iodide, bromide, and salycilate of soda and potass., she came from under the heart complications, but still with the rheumatism in the right shoulder and arm, so much so as to prevent raising hand to head.

Could repeat numbers of such heart troubles, with quite as many of retarded labor, where the action of lobelia was quite as brilliant in the relief of similar action of the womb as in this neurosis of the heart. Lobelia may be ranked as a vital stimulant to the great sympathetic nervous system, and whenever it is desirable to give tone and energy to any particular organ that had been overpowered by disease, or acted upon reflectively so far as to interfere with normal action, the profession will be rewarded by the most brilliant results in giving lobelia. With

children it is very potent; never having seen any article tone up so wonderfully irregular nervous action in children as lobelia, given in fractional gtt. doses, every ten or fifteen minutes, with a proper after-treatment, as it is the remedy for the emergency only.

It is hoped the profession will lay aside all prejudice, if any exist, and investigate the action of lobelia, not as an emetic, but a vital stimulant, as I am confident of what I state; and while there may be cases or idiosyncrasies not tolerant of its effects in large irritant doses as an emetic, yet I assert there are no cases where a vital stimulant is demanded, that lobelia will not act promptly and brilliantly, if given in small doses, frequently repeated.—Dr. H. J. Smith, in *Med. and Surg. Reporter.*

SUICIDE, AND ITS PREVENTION.

No one can read the daily papers without being struck with the present frequency of suicide. True, this is the season of the year when suicide occurs most frequently; and the recent great shrinkage in values, bringing financial ruin to thousands, has led some who, thinking themselves rich, and have not been able or willing to bear the losses which have brought them to poverty, to seek escape from this world. Both the season and financial reverses being recognized factors in the occurrence of suicide, time and active cause are favorable to this increase in the number of those who die by their own hand.

Another fact, which must be obvious to all who read these tragedies, is that in the great majority of cases those who thus die are men. They who have the more physical, and sometimes claim the greater intellectual strength, seem less able to bear up under life's ills, and, more readily, seek refuge in death. This difference in the sex of suicides is in part owing to woman's conscience being more active, and to her religious sentiment being stronger, for it would be foolish to claim that she suffers less in mind or heart or body, than man does.

Whether cases of suicide are only apparently more frequent now than a few years ago, it is certain that more occur in one week in the United States than can be found in the history of the Hebrew people during four thousand years. This seems like a sad commentary upon a civilization which is doing much for the benefit of man, and for the improvement of society. It becomes the philanthropist and the political economist to inquire whether there are not evils which may be removed, so that life, if not rendered more desirable, may at least be made more tolerable. These countless tragedies are a protest against life, a cry of sad

despair; life is not worth living, is the acted declaration of every man or woman who perishes by his or her own hand. Cannot the value or sacredness of life be increased, so that these horrors which often carry unutterable sorrow to many hearts may be diminished? Apart from any influence exerted by a wise political economy, and a generous philantrophy, by which the value of life will be enhanced, the estimate which is set upon it is closely connected with systems of philosophy, and with religion. To discuss these topics, however, would require too much space, and might suggest controversy.

What other means may be sought to prevent this great evil? Ptolemy made short work with the teaching of the Cyrenic philosopher, Hegesias, and thus arrested an epidemic of suicide, but Ptolemy does not govern in this country, and there is no arbitrary power to decide that the works of pessimistic philosophy which makes a cosmic suicide the goal of the race, should not be published. Esquirol, and several alienists since him, have expressed the desire that newspapers should be forbidden to publish cases of suicide, because the recitals may lead some readers to kill themselves. But in this country such legislation is impossible.

The chief means of prevention lying in the hands of physicians, is the timely recognition of the danger in a given case, and immediately putting the patient where self-destruction will be impossible. Thus many a suicide could and would be prevented. One of our great professional shortcomings is in not recognizing the premonitory symptoms of these acts, the heralds of these tragedies. In too many cases the symptoms are plain and the heralds give no uncertain sound, after the event. We do not know that this evil would be avoided by the plan suggested by Dr. Holmes in his last Harvard address, nor do we know that the plan is practicable, but our own observation may be quickened by reading it: "I have often wished," says our wise teacher, "that disease could be hunted by its professional antagonists in couples—a doctor and a doctor's quick-witted wife making a visit and attacking the patient—I mean the patient's malady, of course, with their united capacities. For I am quite sure that there is a natural clairvoyance in a woman which would make her as much the superior of man in some particulars of diagnosis as she certainly is in distinguishing shades of color. Many a suicide would have been prevented, if the doctor's wife had visited the victim the day before it happened. She would have seen in the merchant's face his impending bankruptcy, while her stupid husband was prescribing for his dyspepsia and indorsing his note; she would recognize the love-lorn maiden by an ill-adjusted rib-

bon, a line in the features, a droop in the attitude, a tone in the voice, which mean nothing to him, and so the brook must be dragged to-morrow."

One fact should be present in the physician's mind: Any one who purposes self-destruction is most probably suffering from physical disease, and in every case the accomplishment of the purpose should be rendered impossible either by immediate committal to an asylum for the insane, or by his being kept every minute under a qualified guard.

While referring to the subject of suicide, we wish to call attention to some recent interesting observations of Voisin, in which he mentions the most important signs of suicidal insanity, and localizes the affection. He states that these patients ordinarily complain of violent bregmatic and sincipital pain, and the temperature of the parts where this pain is felt is notably increased. Clinical histories and post-mortem examinations have led him to the conclusion that the ideas of suicide in the insane are connected with functional disorders and lesions seated in the most internal of the ascending frontal and parietal cerebral convolutions.

Another noteworthy point in connection with the subject of suicide, is the partiality men have for destroying their lives by firearms, and the unfortunate facility with which these implements of destruction can be procured. Women who commit suicide use a pistol rarely, only one to fourteen men, for this purpose; they will hang, drown, take poison, stifle themselves with carbonic acid, or throw themselves over a precipice, rather than put an end to their lives by a bullet.

Among the most important means to prevent suicide is work. The man who is out of employment, who has been discharged from his place, or met with such financial reverses that his business is lost, is occupied brooding over his misfortunes until they grow in size and blackness, and death seems to him better than life. Give that man work for every minute of his waking hours, and he will have no time to think about destroying his life. Better work for nothing than to be idle. Work is the law, the fountain, the guardian, the reward of life.—*Medical News.*

TO REMOVE FOREIGN BODIES FROM THE EYE.

Before resorting to any metallic instrument for this purpose, Dr. C. D. Agnew (*American Practitioner*, May, 1884), would advise you to use an instrument made in the following manner: Take a splinter of soft wood, pine or cedar, and whittle it into the shape of a probe, making it about the length of an ordinary

dressing probe. Then take a small, loose flock of cotton, and, laying it upon your forefinger, place the pointed end of the stick in the centre of it. Then turn the flock of cotton over the end of the stick, winding it round and round, so as to make it adhere firmly. If you will look at the end of such a probe with a two-inch lens you will see that it is quite rough, the fibres of cotton making a file-like extremity, in the midst of which are little interstices. As the material is soft, it will do no harm to the cornea when brushed over its surface.

When ready to remove the foreign body, have the patient rest his head against your chest, draw the upper lid up with the forefinger of your left hand, and press the lower lid down with the middle finger, and then delicately sweep the surface in which the foreign body is imbedded, with the end of the cotton probe. When the foreign body is lodged in the center of the cornea, it is most important not to break up the external elastic lamina; for if you do, opacity may follow, and the slightest opacity in the center of the cornea will cause a serious diminution in the sharpness of vision.—*Med. and Surg. Reporter.*

ANALYSES OF BEEF PEPTONOIDS.

From a report on *Beef Peptonoids* by Prof. Attfield, F. R. S., F. I. C., etc., author of "A Manual on Chemistry, General, Medical, and Pharmaceutical," we take the following which we believe of value to our readers:

"The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:—

Albumenoids (containing nitrogen 10.94), -	69.25
Fat, - - - - - - - - -	10.71
Sugar, including a trace of starch, - -	9.50
Phosphates, equal to bone phosphate, - -	3.01
Other mineral substance, - - - -	2.61
Moisture, - - - - - - - -	4.92
	100.00

The manufacturers of 'Beef Peptonoids' state that this food is composed of dry lean of beef, one-third; the solids of milk, minus most of the fat, one-third; the gluten of wheat, one-third; the beef being partially digested or 'peptonized.' My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen 10.94); more than 20 per cent. of warmth-producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone-forming phosphates; about 2

per cent. of other normal mineral matter, and about 5 per cent. of moisture. A sample of the constituent gluten submitted to me was practically pure, containing a mere trace of starch. Rather more than one-fourth of the albumenoids, probably the 'peptonized' portion, was soluble; while practically the whole of the 'Beef Peptonoids' was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly 70 per cent. of truly nutritive nitrogenous material partially peptonized has never before, to my knowledge, been offered to the medical profession or to the public."

MILK SECRETION AS AFFECTED BY SPAYING, BY EXERCISE, AND BY CERTAIN MEDICINES.

Mr. Lloyd F. Abbott recently read before the Suffolk District Medical Society (*Boston Medical and Surgical Journal*, April 3 and 10, 1884), an interesting paper on the increase of milk secretion resulting from spaying cows.

Spaying cows for the purpose of securing a constant supply of milk, uniform in quantity and quality, has probably not been done in this country outside of Massachusetts. Mr. Abbott's attention was directed to the subject by a translation from a French work in 1880; but he learned that the Hon. Josiah Quincy had had the operation performed at his farm twenty years before.

The results of Mr. Abbott's experience are that the operation is not dangerous, and that it increases the flow of milk and improves its quality. The operation may be done by abdominal, or by vaginal incision—the former seems to be preferred—and thus veterinary surgery recognizes the same methods that have been used in the human subject, abdominal and vaginal ovariotomy. But the removal of the ovaries once they are reached, is a much simpler operation in the cow than in the human female—only the thumb-nail being needed in tearing away the organs, and no ligatures are required.

The testimony of the medical gentlemen who discussed the subject when the paper was read, was decidedly in favor of the beneficial influence of the operation upon the secretion of milk. It is claimed that the amount given by a spayed cow will remain the same all her life. This certainly is a matter of great interest

and importance; and should it be confirmed by further experience, we do not doubt that this operation will become quite common.

While referring to the matter of spaying cows in relation to the supply of milk, we may also note some investigations of MUNK, given in a recent number of the *Archiv f. Anat. und Phys.*, as to the influence of exercise upon the milk secretion of cows. Munk acknowledges that Schmidt-Mulheim is correct in his statement as to excessive exercise lessening the quantity of milk for these reasons. In exercise of this sort the blood current is directed from the gland apparatus to the muscles, there is also a great consumption of material, and chewing the cud is interfered with. He, however, disputes the statement that cows must be kept at absolute rest, in order that the secretion of milk shall attain the maximum. His own observations prove that, as in the nursing woman, moderate exercise increases the secretion of milk by changes in respiration, in circulation, and in digestion, and, hence, the general condition of the animal is better, the appetite greater, and its nutrition improved. The increase in the milk of cows allowed moderate exercise, is not merely in its watery portion, but in the butter and casein.

"The National Dispensatory," p. 1086, states that the mammary secretion is diminished by atropia, and increased by pilocarpin. The recent studies of HAMMERBACHER, *Pfluger's Archiv f. Physiologie*, show that this statement, especially as to the action of pilocarpin, needs qualification. He finds that after its administration, atropia causes a considerable reduction in the milk mass, but it is richer in solid elements, especially fat, and in seven hours after its administration the secretion becomes normal. Pilocarpin causes a reduction in the milk mass, and the milk is poorer in solid constituents than normal milk; the effect lasts longer than that of atropia, and is to be attributed to the disturbance caused in the general health; the presence of pilocarpin in the milk has not been ascertained.—*Medical News.*

NEEDLE-SWALLOWING.

A. WIDE reports (*Upsala Lakarefor, Fordhanlingar*, 1884, Bd. xix. Hft. 2), under the above title, a case similar to the one recorded by Albert in his work on surgery, in which Otto, of Copenhagen, removed at various times, three hundred and ninety-five needles from the body of one patient.

Wide's patient was a young woman of twenty-three years, strong, but of phthisical family. In 1876 she had acute rheumatism, and was four months in the hospital. With the exception

of rheumatoid pains in the limbs and stitch-like pains in the cardiac region, she became well, and remained so until early in 1882, when attacks of faintness, headache, and pains in the joints, palpitation of the heart, and shortness of breath troubled her. In the summer of 1882 she had symptoms of gastro-intestinal catarrh, and in August had an attack of stiffness in the back and legs, so that she could not get out of bed without help. There seemed to be nothing wrong about the thoracic or abdominal organs. In November, 1882, obstinate vomiting came on, not connected with the time of eating, obstinate constipation, pains in the abdomen, and hypersensitiveness of the cæcal region. After that, she had an attack of tonic cramps, and, following that, had left hemiplegia and hemianæsthesia, so that a diagnosis of hysteria was made. From May until June, 1883, there were attacks of painful vomiting, with diarrhœa. There were sharp pains in the right knee and left arm, as well as in other parts of the body, and a small abscess formed on the inner side of the knee, which, on being opened, was found to contain a needle. In other parts of the body there were seen bluish-red, painful elevations of the skin, in every one of which a needle was felt. The patient was chloroformed, and from the arms, legs, and skin of the thorax and abdomen twelve and a half needles were removed.

The patient then stated that in May, 1881, she had swallowed five and a half packages of needles, each package containing twenty-five needles, in order to commit suicide. She had swallowed them with the eye-end forwards, and generally enclosed in paper. She finished the five and a half packages in two weeks. There were no pains for several weeks, and defecation was never painful; nor had any of the needles passed in the stools. Subsequently, at nineteen different times, sixty-five whole and six half needles were removed. By January, 1884, thirty-one more were removed, and in January, eleven, so that up to the time of the writing, one hundred and ten needles had been found. By this time the patient had become hysterical again, and at Christmas swallowed five packages, four of which contained more than twelve needles each. Wide concludes his article by mentioning a case recorded by Herholdt, in which three hundred and eighty-nine needles were swallowed.—*Centralbl. fur Chirurgie*, May 24, 1884.

CERTAIN CONTRA-INDICATIONS IN MEDICINE.

Dr. Rabuteau has made the observation, that certain medicines which, administered alone, cause no disagreeable symptoms, usually produce them when given in connection with other

drugs, which by themselves neither induce such phenomena. It is, therefore, their combination which at times must be avoided. We select from his observations (*Fortsch. d. Med.* 9, 1884) the following two, as they concern remedies which are very generally employed; in one of them it is this combination, and in the other the time, at which the drug is administered which brings about the unusual effect.

Nausea, vomiting, gastralgia, and colic have been observed, when iodide of potassium and sulphate of quinia are prescribed together. The same phenomena have been noted, when iodides and bromides are employed at the same time. In both cases iodine is set free, and the peculiar action of such combinations has to be ascribed to this fact. Quinine is contra-indicated during the period of menstruation. Female patients who at any other time do not suffer from disagreeable effects of the drug, complain of intense pains in the hypogastric region if they take the same doses of quinine that had been administered to them at some other time without disturbance, during the menses. It is well known that quinine causes irritation of the uterus. As the irritability of this organ is usually increased at the time of the monthly period, the occurence of labor-like pains ensuing upon the internal administration of quinine can thus be easily explained.—*Med. and Surgical Reporter.*

THE DIAGNOSTIC VALUE OF CERTAIN SYMPTOMS IN THE DISEASES OF CHILDREN.

Prof. S. M. Politzer formulates the following concerning the significance of individual symptoms in Children's diseases (*Deut. Med. Zeitung*, May 19, 1884): 1. The symptom of a strongly-marked nasal tone in crying points to the probable existence of a retropharyngeal abscess. 2. A loud and very long-continued expiratory sound, with normal inspiration and the absence of dyspnœa, is significant of chorea major. Sometimes this sound resembles the bellowing of an animal, and may continue for a long time as the only symptom of chorea. 3. A thoracic, sighing inspiration indicates cardiac weakness. This is one of the first symptoms, appearing before cyanosis or pallor of the face, thready pulse, coldness of the extremities, or the other well-recognized signs of weak heart. 4. A marked diaphragmatic expiration, accompanied with a fine, high-pitched whistling, points to bronchial asthma. 5. A marked interval between the end of expiration and the beginning of inspiration renders the diagnosis of catarrhal laryngitis without exudation probable. 6. There is no special significance in the loud, sort of bleating, expi-

ratory sound sometimes observed in infants during the first months of life. It seems to depend upon a modified innervation within physiological limits, and resembles the want of rhythm in the cardiac movements occasionally met with in the early years of childhood. The following symptoms are given by the author as of value in the early diagnosis of cerebral diseases: 1. A peculiar drowsiness, continuing for several days, unaccompanied by fever or other disturbance, is indicative of basilar meningitis. This is a more valuable sign than headache, vomiting, or a slow, irregular pulse, since the latter may occur in various extracranial diseases. 2. A tense, elevated anterior fontanelle points to intracranial effusion. If it be very prominent, resistant to pressure, and without a sign of pulsation, there is almost certainly an intermeningeal hemorrhage. A deeply-sunken fontanelle indicates inanition and a diminished volume of blood. 3. Very slow movements of the eyes, followed by fixity in one position, a vacant stare, and a peculiar lazy closing of the lids are signs of a beginning basilar meningitis. The character of the cry is of value is sometimes in the diagnosis. 1. A fit of shrill crying, lasting for two or three minutes, accompanied by an expression of fear in the face, and coming on regularly an hour or an hour and a half after the child has gone to sleep, is the expression of night-terrors. Quinine, given in rather large dose one or two hours before bed-time, is an effectual remedy against this trouble. 2. Periodical crying-spells, of five or ten minutes' duration coming on sometimes during the day but more frequently only at night, point to cramps in the bladder, provided that we can exclude intestinal or gastric colic. This is speedily cured by emulsion of lycopodium with or without belladonna. 3. Crying while at stool and an evident dread of the act of defecation are signs pointing to fissure of the anus. 4. Hard, continuous crying, expressive of severe pain, together with frequent putting of the hands to the head or rolling of the head in the pillow, are evidences of otitis media or pain in the ear from some other cause. 5. When for days and weeks the child cries on being moved, and when there is also profuse sweating and an elevated temperature, the disease is rickets. 6. Frequent crying, with habitual sleeplessness during the first two years of life, are found in anæmic and poorly nourished children, or in those with congenital syphilis. Finally, Professor Politzer recounts some other single symptoms which aid in forming a speedy diagnosis. 1. The peculiar physiognomy of children suffering from congenital syphilis. The sinking in of the root of the nose, the sallow complexion, the scanty eyelashes, the yellowish edges of the eyelids, and the rhagades on the underlip are characteristic of hereditary

syphilis. 2 A falling together of the alæ nasi, and an absence of all motion in them during inspiration, point to hypertrophy of the tonsils. 3. A weakness and loss of motion out of all proportion to the gravity or duration of the accompanying illness should raise a suspicion of infantile paralysis. 4. A partial loss of hearing after a sickness is often due to a circumscribed meningitis at the base of the fourth ventricle. 5. Depression of the mental faculties occurring after a severe infectious disease is frequently indicative of a beginning acquired idiocy. Strychnine exerts a favorable influence in these cases. 6. Retarded ossification of the skull may imply rachitis. 7. A stiff carriage of children in walking, standing, sitting down, or stooping, is observed in commencing Pott's disease. In children who do not walk there is a painful contraction of the features when they are lifted up or set down. 8. Constant vomiting of all ingesta, lasting for several weeks, in children with large heads but closed fontanelles, is a sign that an acute hydrocephalus is engrafted upon the chronic condition.—*Medical Record.*

THE TREATMENT OF DIPHTHERIA.

Dr. J. W. Moore says that in his hands the following line of treatment, which he publishes in the *Med. Annals*, June 1, 1884, has been almost uniformly successful in the cases that he has treated during the past six months, the rate of mortality being two to thirty, these two dying from fibrinous tracheo-bronchitis. After attending to the hygienic necessities as far as possible, such as putting the patient in a well-ventilated room, the air of which is both warm and moist, with the temperature between 60° and 65° (assuming that we are able to put our patient in a comfortable room, as often we have to treat them as we find them), and thin patches of false membrane presenting themselves, with other concomitant symptoms, he gently sprays the throat with a weak solution of chlorine gas, made by the action of tr. chlor. iron on potassium chlorate, slowly adding water as the chlorine is given off. He then gives, according to age, from ten to fifteen drops of the tr. of iron every three hours in a little glycerine and water; good nourishing diet, such as milk, eggs, etc. On the second day, if the disease is not checked, he gives one drop of Lugol's solution of iodine, and a half drop of carbolic acid, in a little water and glycerine, every two hours, and increases the intervals of the iron to four or five hours. He also uses a direct application, discarding the spray, of a mixture of iodine, glycerine, and carbolic acid.—*Medical and Surgical Reporter.*

A CASE OF TUBAL PREGNANCY.

Dr. Henry Hun, of Albany, records, in *The American Journal of the Medical Sciences* for July, 1884, a case of tubal pregnancy, in which the cyst burst at about the twenty-fifth day, and the patient died. Dr. Hun obtained the specimen, and after having rendered the embryo transparent by oil of cloves, carefully studied it and made an accurate drawing of it. In this case the ovum was in the right Fallopian tube and its corpus luteum was in the left ovary. In a considerable number of cases of tubal pregnancy the corpus luteum is found in the ovary of the other side, and it is very possible that this unusual origin of the ovum may be the cause of the tubal pregnancy, for if the tube bends over and reaches the opposite ovary it will be apt to be so bent and twisted that the ovum will meet with great difficulty in passing through it, or, if an impregnated ovum passes across the pelvis and enters the tube of the other side, so much time will be consumed in its journey that it may develop to such a size before it gets to the uterus that it cannot pass through the tube, and will continue its development in this organ. This is the only cause which can be assumed in Dr. Hun's case, for there was no occlusion of the tube by tumors, bands of adhesions, or displacement of the uterus, as are sometimes found in these cases; neither was there any great fright or emotion experienced at or near the time of sexual intercourse, which, in a number of such cases, has appeared to cause the extra-uterine pregnancy.—*Medical Record.*

LET US HAVE THE TRUTH.

Now that an epidemic threatens our shores, it is timely to say a word in favor of truth-telling.

There is always a party who want to lie, and to persuade physicians and health officers to lie, about the existence of the severity of an epidemic disease in a city—their real motive is the meanest selfishness. Their asserted motive that it is unwise to alarm the public, etc.

In fact, every consideration of sound sanitary science, as well as morals, condemns the concealment of epidemic sickness or the falsification of reports about it. There is certain to be a public rumor about it, and this is certain to be exaggerated.

Let the public be taught confidence in the candor and the skill of its boards of health and sanitary authorities. Let there not be the slightest effort to obscure a diagnosis or to conceal a case. Private and commercial interests should count for nothing, as against scientific candor.

There is a fair prospect that this summer at least we shall not have a severe infliction of an epidemic. But should it appear, let the utmost publicity be given its march.—*Med. and Surg. Reporter.*

TREATMENT OF SWEATING OF THE FEET.

The following method of treatmeut for this unpleasant condition is endorsed by Dr. G. Cramer in *Memorabilien* of May 14, 1884. The patient must wash his feet thoroughly in a two to five per cent. solution of carbolic acid, at first twice a day, then once a day, and finally two or three times a week. After the bath he is to put on clean stockings, sprinkled inside and outside with a powder composed of two parts benzoin, three parts salicylic acid, and ninety-five parts magnesia. The shoes must also be sprinkled inside with the powder. The stockings, when taken off, should be allowed to soak for twelve hours in carbolized water, then dipped in lye, and washed. In this way the bacteria which cause the skin affection and the consequent abnormal secretion of sweat are destroyed. Without this thorough disinfection, Dr. Cramer maintains, a cure of the affection is impossible.—*Medical Record.*

MURIATED INGLUVIN.

I have been using for a long time two preparations of ingluvin, and have them prepared in the following manner: I order four ounces of the dried lining membranes of the chickens' gizzards to be reduced to a coarse powder, and macerated for twelve days (in a wide-mouthed, glass-stoppered bottle) in twelve ounces of diluted muriatic acid, made of the chemically-pure acid, and agitated once every day or two until the end of the twelve days. It is then allowed to settle, after which the liquid is carefully and entirely drained from the membranes and kept in a glass-stoppered bottle for use. This I call *muriated liquid ingluvin*, and it possesses a strong acid odor and taste, and presents a dark appearance. It keeps well, and I administer it in ten to twenty-drop doses in a half wine-glass of water before each meal; and of all preparations, I know of none that will change so quickly that condition of the stomach manifested by a habitually white-coated tongue.

After the liquid is drained off, I have the remaining macerated mass dried upon a sufficiently-heated slab or spread upon paper to be dried in the open air; and when well dried, I have it reduced to a fine powder, and also kept in a glass-stoppered bottle. This I call *muriated powdered ingluvin*, and it like-

wise possesses a strong acid taste and odor, and a dark appearance. I give this in five to ten grain doses, singly or in combination with bismuth, quinine, or iron, when the state of the digestive organs demands such combinations. These preparations are readily and cheaply made and are pure and reliable. I use these with the greatest relief to my patients in all the various forms of the interruptions of the appetite caused by debility of the stomach and insufficient secretion of the gastric juice, causing what is known in ordinary language as chronic indigestion and atonic dyspepsia.—J. B. Johnson, M. D., in *Med. and Surg. Reporter.*

FALSE PREGNANCY.

Dr. Delgado reports the following rather remarkable case of spurious pregnancy: A woman, aged thirty, married, separated accidentally from her husband for several months, presented herself in the hospital at Valladolid for advice, saying that she was pregnant and out of her reckoning. The greater part of the signs of pregnancy existed—suppression of the menses for about nine months, gradual enlargement of the abdomen to full-term size, increase of the breasts with pigmentation of the nipples, vomiting at the beginning and end of the pregnancy. She said she felt the movement of the child. On examination, ballottement, movements of the foetus, and fœtal heart-sounds were absent. After four days in the hospital, labor-pains began, terminating by the expulsion of a great quantity of blood in dark clots and liquid by the vagina. At the same time there was violeut hæmatemesis, which had to be controlled with ice and perchloride of iron. Three years later, when she had again been living with her husband for eleven months, the same series of phenomena occurred; the hæmatemesis, however, being less intense. On the most careful examination, no trace of mole, or of remains of placenta or fœtal membranes, could be discovered. —*Medical Record.*

TREATMENT OF SLIGHT BURNS.

Dr. Cramer treats slight degrees of burns by means of compression. He applies a layer of wadding and over this an elastic bandage, so as to make firm and even pressure over the whole of the injured surface. By this means the subcutaneous capillaries are emptied in a measure of their blood, and inflammation and exudation of serum are prevented. The compression is to be maintained from three to fifteen hours, according to the intensity of the burn, and then a less degree of pressure kept up until new epidermis has formed.—*Memorabilien.—Med. Record.*

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

DIARRHŒA AND THINGS.

About this time of the year, in almanac phraseology, medical journals, and even the lay press, teem with articles concerning "The Prevention of Cholera," or extoling the surpassing value of this remedy or that in the the treatment of some one of the various forms of intestinal disease. Their dissertations may hardly be considered ill-timed, for these are the days of green apples, cucumbers, and green corn, while lobsters and clams are abroad in the land, and the cholera with its comma-shaped bacillus is peering above the edge of the eastern horizon. The digestion of the articles of food above mentioned is at best a matter of difficulty, and considering how often it is assisted by ice cream, and large quantities of ice water, it is no wonder that the abused stomach becomes discouraged, and disorder ensues. Everyone admits that diarrhœa is generally only an expression of disturbed or imperfect digestion, and, at the start, a conservative effort on the part of nature to get rid of some offending material, it is therefore needful that we have a care lest in our zeal to check the purging, which is the symptom of which the patient chiefly complains, we do not too suddenly lock up the bowel and thus defeat the object which nature had in view in establishing the diarrhœa, and cause the source of offence to be retained. There is a popular idea that a diarrhœa should not be checked too suddenly, and, like most other opinions which are entertained by any considerable number of persons, it contains a grain or so of truth. It is probably based on the fact that diarrhœa due to the retention of undigested or indigestible food if checked by a full opiate or a heroic dose of some astringent, may be followed by inflammation of the membrane within or without the bowel—enteritis or peritonitis. When there is reason to believe that the source of irritation has not been removed, we know of no better remedy than leptandrin, or, in children, the neutralizing cordial given until its effect is seen in the color of the discharges, but in our way of thinking, purgatives are not needed nearly as often as

they are given, and much harm is often done and precious time lost in prescribing laxative mixtures when the very opposite measures are required, and would be promptly effectual.

In looking over the various methods of treatment proposed, one cannot but be amused at their variety, some writers claiming the most satisfactory results from the use of measures the very opposite of those by which others claim to have attained brilliant results. The natural conclusion is, that doctors are just like other men, and each has his hobby, for every man is born with a hobby, and when he gives up one he takes up another. Yes, there are hobby-riding doctors, we have seen them, and so have you. You remember the once famous crowd of raw-boned, hard-trotting nags they use to ride; there were Blister, Lancet and Calomel, a trio, the sound of whose hoofs was as the coming of doom. Though these no longer rule the road, the latter of them is still in the race, and the hobby riding goes on, as anyone will be convinced who will look over the treatment of diarrhœa. One physician goes through the course on castor oil and astringents by preference the salts of lead or zinc; another spurs away on opium and subnitrate of bismuth; a third bets all he has on neutralizing cordial and geranin; a fourth gallops off on ipecac and aconite—small doses, while a fifth prances away on the mineral acids. It is possible that in certain cases each of these may have its advantages, but no one of them is to be invariably pursued. A physician should not date on any curative, but should be an impartial surveyor of the whole field of remedies. In view of the fact that it is more than probable that we are to have the cholera among us ere long, the laity should have impressed upon them the great importance of attending at once to any looseness of the bowels, for a diarrhœal condition of the intestines is a favorite developing place for the bacillus that Dr. Roach is just now finding in the bowels and dejections of cholera patients.

FINGERS VERSUS FORCEPS IN BREECH PRESENTATIONS.

The ancients believed that presentations of the pelvic extremity were abnormal, and should in all cases be rectified by artificial aid. Modern obstetricians view with horror the result of such a

mode of practice as this points to, on account of the fearful sacrifice of human life which such a procedure must have involved, for breech presentations occur once in forty-five mature births, and to turn by the head as was done for several centuries is now most repugnant to every principle of the science and art of obstetrics. Although breech presentations are attended with no increase of risk to the mother, the mortality to children is about one in three and a half. Such being the case, we may be pardoned for alluding to a mode of procedure which is not original, but which we have employed for some years with great satisfaction and which we believe to be far superior to the course usually advised. The dangers to the child are from compression of the cord, detachment of the placenta, inertia of the uterus after the body is born, etc. The remedy is *rapid* delivery. But you may not have the advised forceps at hand; you have, however, your fingers, which can be more promptly and successfully used than any instruments, and this is the way in which to use them: The infant's body is delivered with its back superior, the mother lying upon her back. First draw the cord down a little, so as to give it slack; then, if the head has passed the superior strait, the face is in the hollow of the sacrum; if not, bring it down according to the usual rules, as rapidly as possible. Then introduce the index finger of one hand into the mouth of the child, drawing the chin down, and at the same time with the fingers of the other hand push the occiput up, thus securing perfect flexion. This accomplished, the face of the child will present at the vulva; and now withdraw the finger from the child's mouth and pass two fingers into the rectum of the mother. By so doing you can readily reach the vertex, and use these fingers as a lever, lifting *upward* and *outward*, while a similar movement is communicated to the body of the child with the other hand placed below it. If you are on the woman's right side, the index and middle fingers of your right hand will be against the vertex of the child; if on her left, the fingers of your left hand. If unfortunately you have failed to deliver the body with the back superior, and you have the face toward the pubes, the same general steps are necessary, save that the finger of your right or left hand, as the case may be, should be kept in the child's mouth while the upward and outward motion is made with the fingers on the vertex. This method is applicable to all cases where the body of the child is born first. By it the head can be delivered in less time than is required for the application of the forceps, and it is much safer for the mother at least. Experience makes us confident of the superiority of this method. Pursuing it we have never lost a child in breech presentation, or in podalic version.

HITHERTO HAVE WE WROUGHT.

The development of the many indigenous and superior remedies of our country by the eclectic school of medicine has always been a source of felicitation to it, as well as of immense benefit to the entire medical profession, and of infinite good to diseased humanity at large. Indeed, the service that eclecticism has rendered the van in this direction is of itself enough to justify the departure that it made in the inauguration of a new and more liberal system of medicine, nearly a half century ago, for we may well believe that had it not been for the unhampered thought and action of an unscholarly but thoughtful mind like Thompson's, and a cultivated intellect and independent spirit like that of Beach, and the boldness of earnest and progressive men like Morrow, Jones, and Sherwood, their contemporaries and immediate successors, little investigation would have been made in this domain until now, and may be not until a remoter future.

And there would not have been anything unique in this either. In every sphere of life men become wedded to the prevalent customs, habits and methods of their times and pursuits. So, for the leaders of medical thought a half century since to have cast aside the free use of the mercurials, antimony, the blister and the lancet, and to have sought for new and less heroic methods of cure for disease, holding the theory then entertained, would have necessitated their discarding what to them had been axions in pathology and the profoundest orthodoxy in the practice of medical science and art.

We review, therefore, what has been accomplished by the eclectic school of medicine in the direction under consideration, with a sense of profound satisfaction and thankfulness. Whatever else may be conceded in its favor or charged as its faults, its followers can courageously say, "Hitherto Have We Wrought," and in the future we will work on in this same fruitful field.

He who understandingly prescribes the lobelia, podophollin, leptandrin, hydrastin, irisin, gelsemium, macrotys, caulophyllin, asclepias tuberosa, eryngium aquaticum, apocynum cannibinum, and scores of other remedies, comparing their action with that of other remedies for like conditions, cannot fail to recognize the inestimable value of the work done by the eclectic school of medicine.

To be sure the entire medical profession has not received these remedies with that readiness that is desirable, nor given, when they have adopted them, the credit of their development to whom it belongs, but this is the common fate of those who present new

truths or new methods. This, however, cannot lessen the importance of the work done, nor in any sense rob the true discoverers of the satisfaction of producing the good accomplished.

Humiliating as the confession may be, it is nevertheless true, that it is not in the nature of man to award credit to such as have pursued methods and declared principles contrary to the cherished traditions of the fathers. To this all engaged in any radical movements should learn to gracefully submit, remembering that the final reward is sure to come in the fulfilment of the grand fact of the ultimate "survival of the fittest."

M.

PERSONALS, BRIEFS, ITEMS, ETC.

The ashes of the late Prof. Gross weighed seven pounds. They were enclosed in a marble urn about three feet high, unornamented and without inscription, and placed beside the coffin of his late wife in the family vault.———*Dr. Pasoda Arango* praises tincture of mux vomica—10 drops three times a day—as a galactagogue. When there is complete suppression of milk strychnia is to be preferred.———*Dr. Wadsworth's Uterine Elevator*, is an instrument admirably adapted for overcoming all ordinary forms of uterine displacement, and the maker's justly point to the fact that it has come into more general use than all other instruments of this kind combined, as an evidence of its superiority. We have repeatedly used it, and believe any physician employing it will feel repaid by the ease and benefit derived by his patient.———*Dr. Goodale of Philadelphia* recommends for pruritis vulvalæ; carbolic acid one drachm, boracic acid two drachms, sulphate of morphia ten grains, and vaseline two ounces. Also pat the parts with a sponge soaked in boiling-hot water. Dr. Startin of London, recommends for the relief of intense itching, sponging the parts affected once or twice a day, with pure rectified spirits containing one per cent of carbolic acid.———*A Milwaukee druggist*, explains that the true use of aorous plaster is to retain the back in proper place, and let the pain crawl out through the holes.———*Some years ago* in going from Zunich to Lucerne, we stepped off at Cham to visit the establishment of the Anglo-Swiss Milk Food Co., there located. The large and scrupulously clean establishment, and the care exercised in all the details of preparing the food, which were explained to us, impressed us very favorably, and added to the favorable impressions which we had before entertained of the food, and which later experience has confirmed. Of course no food suits all cases, but in our experience whenever this food has been

faithfully employed, it has answered all the qualifications for a substitute for mother's milk, and it is recommended by many of the highest medical authorities as the best food for infants.——— *The late Prof. Gross*, made it a point to never operate on a woman before, during, or immediately after the menstruation if it could be avoided, as he found that troublesome oozing was apt to occur from the wound.———*Dr. Wood*, *the inventor* of the hypodermic syringe, died recently at his home in Edinburg. *A solution of gutta-percha* in chloroform—four to thirty—is exceedingly useful to protect the skin over projecting bones, and to prevent bed sores in wasting diseases. Prof. Monti of Vienna, used also to strongly recommend it as an application to fissured nipples.

MEDICAL ORTHODOXY.

We make the following abstract from a letter written to the *Brooklyn Times*, concerning the struggles and triumphs of the United States College and its graduates, by Dr. D. E. Smith, with whom many of our readers are personally acquainted:

Much having been said in the Allopathic Medical journals and local papers concerning the United States Medical College; and as some of these remarks have been of a detrimental character reflecting upon a class of physicians well versed in the healing art, permit me, as one of the trustees and incorporators of the college to inform the public through your journal of some facts relating to this college and its graduates.

The United States Medical College was duly incorporated May 22, 1878, under the general law of 1848 as amended in 1870, after receiving the opinion of Judge A. Schoonmaker, Jr., Attorney-General of the State of New York as to our legal right to do so. This opinion was afterward confirmed by his successor in office Hon. Hamilton Ward, also by Hon. Samuel Jones, late Judge of the Superior Court, and by Dr. S. B. Woolworth, Secretary of the Board of Regents of this State.

The College was organized as the exponent of liberal ideas in practice, the name being chosen to signify that it represented those broad American principles on which our government and institutions are founded.

The aim of the College was to teach its students all that was known in medical science, without fear, favor, or prejudice. Hence, in addition to the usual instruction in medical colleges, we instituted a chair on the materia medica and therapeutics of Homœopathy, also a chair of psychological science, and one of Electro-Therapeutics.

Our support was more liberal than we expected, having in the class of 1882-3, eighty-three matriculants, and thirty of these were graduated after a most thorough written examination.

In the midst of our prosperity we received notice from the Allopathic County Medical Society of New York, through its presiding officer, to show cause in the courts why we should not be prohibited from graduating any more students. Up to this time we had no doubt of our legal standing and so resolved to meet the issue in the courts. In the meantime an amendment to the law of 1848 was drawn, passed by both houses of the Legislature and received the Governor's signature and therefore became a law of the State, of which tne following is a copy:

SECTION 1. Hereafter no literary or scientific college or university shall be incorporated under the provision of an act entitled "An act to provide for the incorporation of benevolent, charitable, scientific and missionary societies," being chapter three hundred and nineteen of the laws of eighteen hundred and forty-eight and the acts of amendatory thereof, without the approval of the regents of the university of the State of New York to be endorsed upon and filed with the certificates of incorporation, and the said regents, as a condition of such approval, may impose such conditions as in their judgment they shall deem advisable, which shall not conflict with said acts.

SEC. 2. All scientific and all literary colleges and universities organized under said act, which shall have reported to said regents within the two years last past are hereby declared legally incorporated, and all degrees heretofore and hereafter conferred by them are declared valid, and all such colleges and universities shall be subject to the same duties, obligations and liabilities and to the same control and visitation of said regents, as colleges and universities chartered by said regents.

SEC. 3. All acts and parts of acts inconsistent herewith are repealed.

SEC. 4. This act shall take effect immediately.

Our enemies had now organized througout the State, money by the thousands was raised, the best legal talent employed and the determination on their part was to wipe the college out of existence. We met them at the Supreme Court and notwithstanding the above law passed for our especial benefit, the Judge decided that medicine was not a science, and consequently the law would not include a medical college. We appealed from this decision to the General Term and meanwhile had the law amended by inserting the word "medical" before college.

This also passed both houses of the Legislature after a bittter hand to hand fight. The Governor was then appealed to from

all parts of the State by these self-styled regulars to withhold his signature from the amended bill, amended only by the word "medical." From some cause best known to himself our Governor did not approve the amended bill and it did not become a law. In the meantime the General Term sustained tne decision of the lower court. Our case is now in the Court of Appeals and will probably be reached this month.

The people of this great State through their Legislature assembled have now declared in tones loud enough for even the President of the Old School Medical Society, of New York city, to hear—the vote in the Assembly being 72 to 2—that these degrees and diplomas were of equal force and effect as medical diplomas to those granted by any medical society, college, university or chartered medical school in the State. The two negative votes were from old school physicians who had been elected members of the Assembly.

BOOKS, PAMPHLETS, ETC.

Sexual Neurasthenia, with a Chapter on Diet for the Nervous. By George M. Beard, A. M., M. D., Formerly Lecturer on Nervous Diseases in the University of the City of New York, etc. Edited by A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, etc. New York. E. B. Treat. 1884. 12 mo. Pp. 270. Cloth. Price, $2.00. (From publishers.)

This book has been published from a posthumous manuscript, and has been carefully edited by Dr. Rockwell, who for many years was associated with Dr. Beard in daily practice. Dr. Rockwell modestly states that he found the manuscript so nearly ready for the publisher that he had little else to do than to fill up a few gaps, and to arrange the chapters for the printer's hand.

Much of this book is but a limitation of the author's views, as expressed in his work on "American Nervousness," to the special subject in hand, with an amplification of his views stated in the latter-named volume so far as relates to nervous exhaustion resulting from some disorder of the sexual organs in the male and female.

After enumerating various causes of nervous exhaustion in general, Dr. Beard lays down the general proposition "that, in the strong, functional excess produces *local* functional disease, and in the nervous, general functional *nervous* disease." Begin-

ning with this generally correct proposition, he proceeds to apply the suggestion to excesses which impair the sexual functions and explains why some are affected by much less activity than others. He makes unthought of remarks as to the relation of sexual neurasthenia to certain other diseases—such as epilepsy, neuralgia, hay-fever, inebriety, rheumatism, gout, etc. He next proceeds to discuss sexual hygiene—as to normal nocturnal emissions, masturbation, sexual intercourse, etc.—in a sensible and instructive manner. The chapter on treatment is full of excellent advice, and the whole work one of unusual interest, and one which we cordially commend.

Elementary Principles of Electro-Therapeutics. By C. M. Haynes, M. D. 420 pages. 136 illustrations. Price, $2.00. Chicago, 1884. The McIntosh Galvanic and Faradic Battery Co.

Of all good books that we have read on electro-therapeutics, this is decidedly the most satisfactory. Not that it discusses the subject at greater length than other works of recognized authority, but it is devoid of useless theories, and withal so simple that the student is gradually brought to a clear and full understanding of what is generally regarded as a very intricate subject. The author starts at the very foundation of the subject, and the student is acquainted with the various characters under which electricity presents itself. The why and wherefore of everything is explained, and that too in a simple and intelligible manner, and we cannot perhaps better express our appreciation of the work of Dr. Haynes than by saying, that it is the first and only work of its character that we have ever seen that furnished us just the information we wanted concerning electricity and electro-therapeutics, in a manner at once clear and concise.

Auscultation, Percussion and Urinalysis: An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys. Edited by C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology, Michigan College of Medicine. Fully illustrated. Cloth. Post-paid, $1.00. Detroit, Mich., 1884. The Illustrated Medical Journal Co., Publishers.

This is a convenient duodecimo of 166 pages, and treats succinctly of physical diagnosis, the sputa, the urine, etc. The epitomes of Dr. Leonard are justly popular. His present venture seems up to the standard of those which have preceded it, which

is saying much, and we doubt not will be equally successful. Some idea of the scope and value of the work may be derived from the table of contents, which we append:

CHAP. I.—*Topography of the Chest*, Anterior and Posterior. CHAP. II.—*The Physical Diagnosis of Diseases of the Respiratory Organs.* CHAP. III.—*Diagnosis by Percussion.* Percussion in Health and Disease. CHAP. IV.—*Auscultation of the Chest*, in Health and Disease; also of Voice, Cough and different Rales. CHAP. V.—*On the Sputa*, Microscopical and Macroscopical, with a brief Histology of Lung Structure. CHAP. VI.—*Diseases of the Lungs;* their Pathology and means for Physical Diagnosis. CHAP. VII.—*On the Pulse;* its Rate, Rythm and Sphygmography. CHAP. VIII.—*The Heart;* its Regional Anatomy, Area of Dullness on Percussion in Health and Disease. CHAP. IX.—*Auscultation of the Heart;* the different Cardiac Murmurs and their Indications of Disease. CHAP. X.—*Diseases of the Heart;* their Pathology and Physical Signs. CHAP. XI.—*The Liver;* its Regional Anatomy, Histology, and Physical Signs of the different Diseases. CHAP. XII.—*The Spleen;* its Regional Anatomy, Histology, and Physical Signs of Disease. CHAP. XIII.—*The Kidney;* its Regional Anatomy, Histology, Pathology, and Symptoms of Different Diseases. CHAP. XIV.—*Urinalysis, Chemical and Microscopieal;* prepared specially for this work by Wm. H. Rouse, M. D., Ph. C. CHAP. XV.—*Bacteria, Bacilli, Micrococci, Vibriones, and Spirillæ;* their Growth, Microscopy. and Agents destructive to them.

TWENTY-SIXTH ANNUAL REPORT OF THE WASHINGTONIAN HOME, BOSTON. Presented by Albert Day, M. D., Superintendent.

This report is full of good suggestions which Dr. Day's experience of more than a quarter of a century will qualify him to make. For instance he shows that the expense of caring for each patient has been a fraction less than $32.00, that being the amount it costs to arrest a man, and send him before the Police Court, and then send him to Deer Island for ten days.

BOSTON HOME JOURNAL.

A journal of literature, music, drama, fashions and society news. All those who have attended the annnal dinners of the State Society will remember pleasantly Mr. Samuel T. Cobb, editor of this paper. It is, in our estimation, one of the very best papers published, and would prove a valuable addition to the family reading matter.

Notes on the Opium Habit. By A. P. Meylert, M. D., New York. G. P. Putnam's Sons.

A very interesting paper read before the Harlem Medical Association.

Fifth Annual Announcement of the Indiana Eclectic Medical College. Commences October 1st. L. Appett, M. D., Dean, Indianapolis, Ind.

The Beach and Indiana Eclectic Medical College have consolidated, the name of the latter being retained. We regard this union of the two as a matter of congratulation to all concerned.

Fifth Annual Announcemfnt of the College of Physicians and Surgeons of Boston.

Eighth Annual Announcement of the Georgia Eclectic Medical College. Commences October 6th. J. Adolphus, M. D., Dean, Atlanta, Georgia.

Sixth Annual Announcement of the California Medical College. Commences October 3rd. D. McLean, M. D., Dean, Oakland, Cal.

Nitrite of Amyl in Opium-Poisoning.—Dr. W. L. Johnson reports in the *Texas Courier-Record* for May, 1884, a case of opium-poisoning treated by inhalations of nitrite of amyl. The patient when first seen, three hours after having taken two ounces of laudanum, was deeply narcotized, pulseless at the wrist, making six respirations to the minute, perspiring freely, with cold extremities, and cyanotic. Belladonna and other remedies having failed, twenty to thirty drops of nitrite of amyl were poured upon a handkerchief and applied to the patient's nostrils. After two inhalations of the drug the man looked up and asked what was the matter. From that time he continued to improve and made a good recovery.

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——Expert Testimony and Investigation.——

W. FRENCH SMITH, Ph. D.,

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(CORRESPONDENCE INVITED.)

Gelatin-Coated Pills.

We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to essay. Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

2. The Preparation of the Pill Mass.

Our appliances for the preparation of the pill-mass ensures the most perfect distribution of its constituents. Being conducted by means of mixing pans and rollers run by machinery, this part of the process of manufacture is infinitely superior in its results to anything that could be done by hand.

3. Methods of Manufacture.

Our pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

4. Strict Conformity to Formula.

We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

5. Permanent Softness and Solubility of the Pill Mass.

In this important feature our long and extensive experience has enabled us to achieve results which are probably attained by no other manufacturer. The excipient is adapted in each instance to the nature of the ingredients, no uniform excipient being employed, as is the usual custom.

6. Preservation of the Drug.

A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our pills the nature of the excipient and the coating, is strongly preservative of the ingredients. As a test we invite an examination of our phosphorus pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

7. Solubility of the Coating.

We employ only the best quality of gelatin and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our pills will be found to dissolve as readily as gelatine itself, under parallel circumstances.

Having thus indicated the special features of our pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatin-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

Parke, Davis & Co.,

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Urinary Test Papers.

A set of chemical reagents which can be carried in the vest pocket, and comprehending tests for all the important morbid conditions of the urine, is something which may in truth be said to supply a want long felt by the physician. Such a set of reagents we offer in these test papers. Slips of bibulous paper are charged with the several reagents and these are neatly arranged in the case with full directions for use. The reagents include:

1. Litmus paper (neutral).
2. Copper test for sugar, practically the same as Fehling's solution.
3. Picric acid, employed in connection with sodium carbonate as a test for sugar; in connection with citric acid it is an extremely delicate indication for albumen.
4. Sodium carbonate, used as just mentioned.
5. Citric acid, employed in testing for albumen in connection with the three following reagents:
6. Potassium ferrocyanide.
7. Potassio-mercuric iodide.
8. Sodium tungstate.

Finally the citric acid paper may be used in connection with common salt as a reagent of extraordinary delicacy in testing for albumen. As an additional test for sugar, the physician may use, from his pocket medicine case, a little sub-nitrate or sub-carbonate of bismuth, in connection with sodium carbonate. For albumen, he will of course always employ the test by heat, in addition to the precipitation tests.

Thus he will be provided with the means of making in the sick-room a very complete examination, for clinical purposes, of any specimen of urine suspected to be abnormal. The idea of these bedside tests originated with Dr. G. Oliver, of Harrowgate, Eng. Dr. C. W. Purdy, in an article in the *Journal of the American Medical Association* (Jan. 19, 1884), mentions especially the sodium tungstate and potassio-mercuric iodide as valuable additions to our list of urinary reagents, and recommends the test papers as of great value in enabling the physician to make preliminary tests at the bedside of the patient.

These Urinary Test Papers are put up in convenient vest-pocket cases, containing a supply of the above reagents with directions for their use at the bedside of the patient. PRICE PER CASE.....50 cts

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Constitutional incapacity and the follies of fashion combine to deprive a great number of infants of their natural sustenance. The most obvious resource in such cases would seem to be a hired nurse; but the risks and inconvenience of this method are so well understood by the profession that an eminent member of it does not scruple to say: "I would never commit a child of my own or of others to a wet nurse, except under very exceptional circumstances." It is clear, therefore, that some artificial substitute for mother's milk is imperatively needed. Of these there are now many kinds seeking public patronage; and it is in free competition with them that RIDGE'S FOOD has established its superiority.

The proprietors of this preparation claim that in a much higher degree than other cereal foods (not excepting the pretentious imitations of Liebig's formula) it contains the nitrogenous elements and phosphates, in which the best wheat is so rich, together with a substance called by the French Chemists Cereline, which acts as a solvent or gluten in the presence of starch, dextrine, and glucose, exactly as pepsine acts on the animal fibre.

Theoretical objections have been made to the presence of some starch in this preparation, as an indigestible and irritating ingredient in the case of infants, owing to the absence of ptyline from their saliva. On the other hand, Bouchardat and Sandras have shown conclusively that starch, which escapes transformation in the stomach, is powerfully acted upon by the pancreatic fluid, by which it is converted into sugar in the intestines.

But the crucial test is found, after all, in practical experience, to the results of which all speculative views must defer. RIDGE'S FOOD has been before the public for thirty years, with a constantly growing reputation and demand throughout Great Britain and her colonies, as well as in the United States. The collective testimony of a vast number of cases goes to show the bland, nutritive, and easily digestible character of this preparation. One of the leading firms of druggists in the West, whose sales of the FOOD are very large, writes thus: "Its soothing and satisfying properties are so marked as often to cause customers to inquire if it does not contain some opiate;" while a member of the Royal College of Physicians, London, speaking from experience with it, in infantile disease, commends it as "a very valuable preparation, *especially in cases where the digestive powers are unusually feeble.*"

Where a trial of RIDGE'S FOOD is so easy and free from risk, the proprietors deem it superfluous to parade a long list of testimonials. They will gladly forward samples for the purpose to physicians as yet unacquainted with its merits. Send also for pamphlets.

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BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

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THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

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This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	- - - - -	2 1-2 gr. to	1 oz.
" " " Hot Water,	- - - - -	12 "	1 oz.
" " " Alcohol,	- - - - -	3-4 "	1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞	Hydrastia Sulph. pure, - - - - - - - - -	grs. x.	} Mix.
	Mucilage Aciaca, - - - - - - - - -	oz. i. j.	
	Aqua Rosæ, - - - - - - - - -	oz. iv.	

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞	Hydrastia Sulph. pure, - - - - - -	1-4 gr.	} Make one pill.
	Podophyllin, - - - - - -	1.20 gr.	

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

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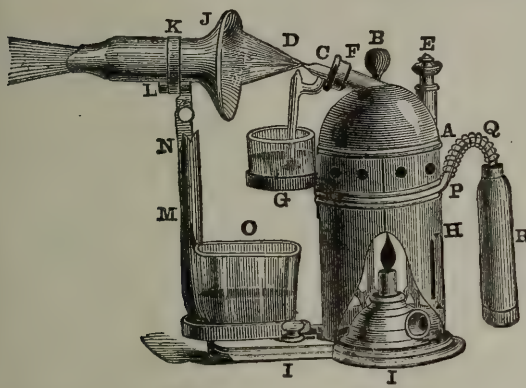
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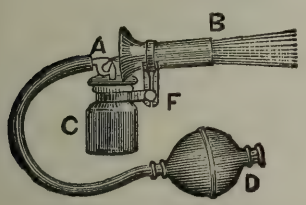
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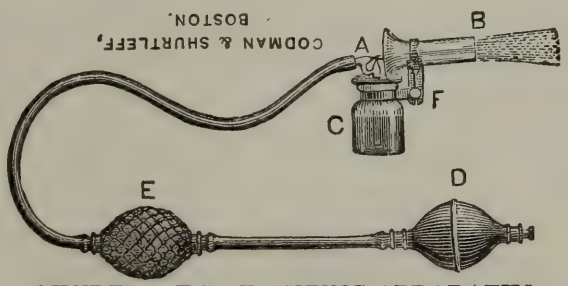
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will be found superior to all foods. Ten per cent. of the Beef is peptonized, which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

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Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M. D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

" 'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

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Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

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We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

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NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injnries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80¾ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine*. Has been relieved of all pain: all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

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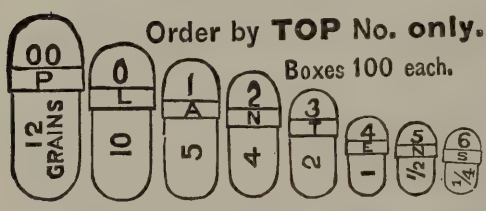
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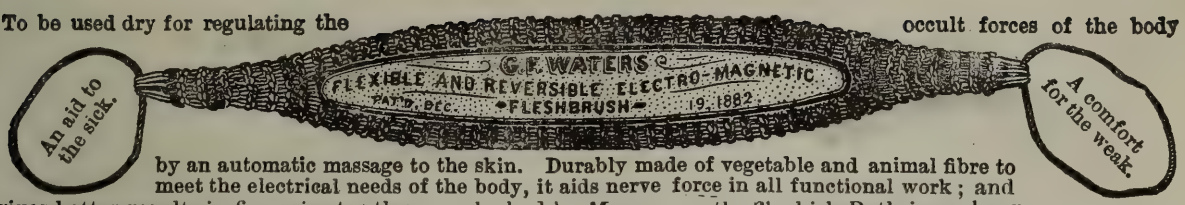
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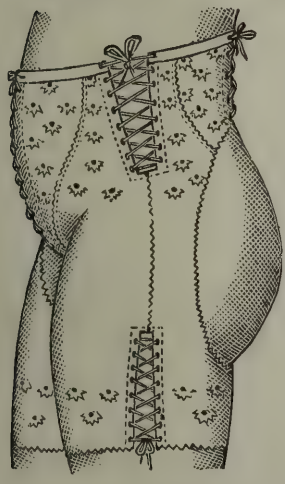
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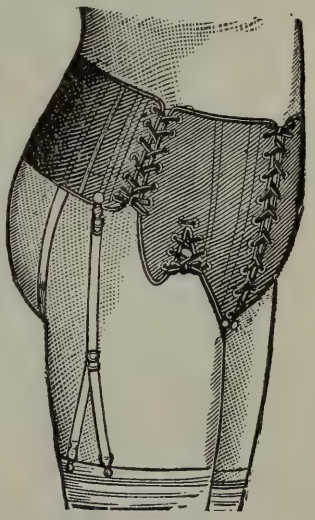
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Measurement must be accurate to insure perfect fit.

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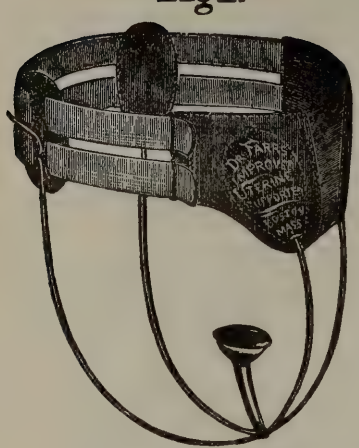
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Fig1.



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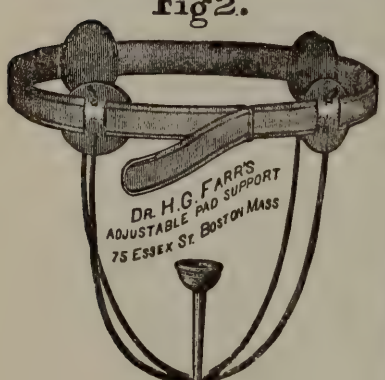
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Patents allowed May 19, 1883.

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Fig2.



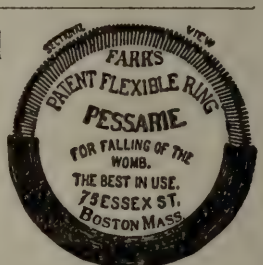
The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1,	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



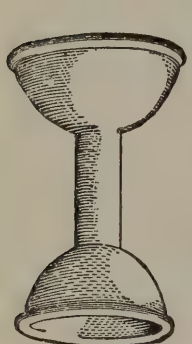
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, 2¼-inch outside diameter.
No. 4, 2½-inch outside diameter.
No. 5, 2¾-inch outside diameter.
No. 6, 3-inch outside diameter.
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Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

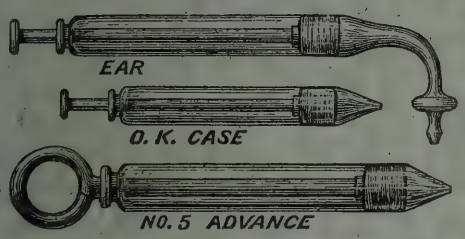
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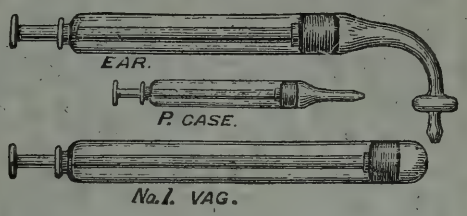


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

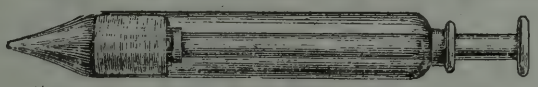
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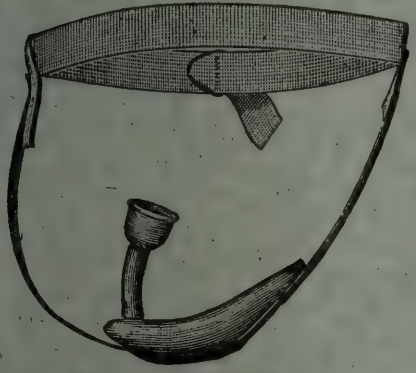
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FIG. 1.

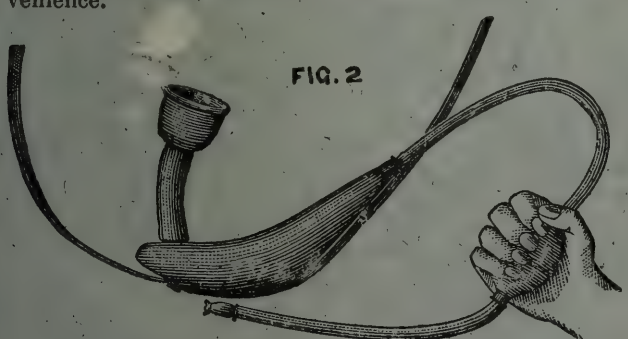


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By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.



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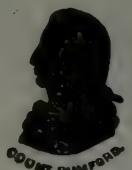
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" " " " and Syringe, 3.50

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VOL. 4. SEPTEMBER, 1884. NO. 9.

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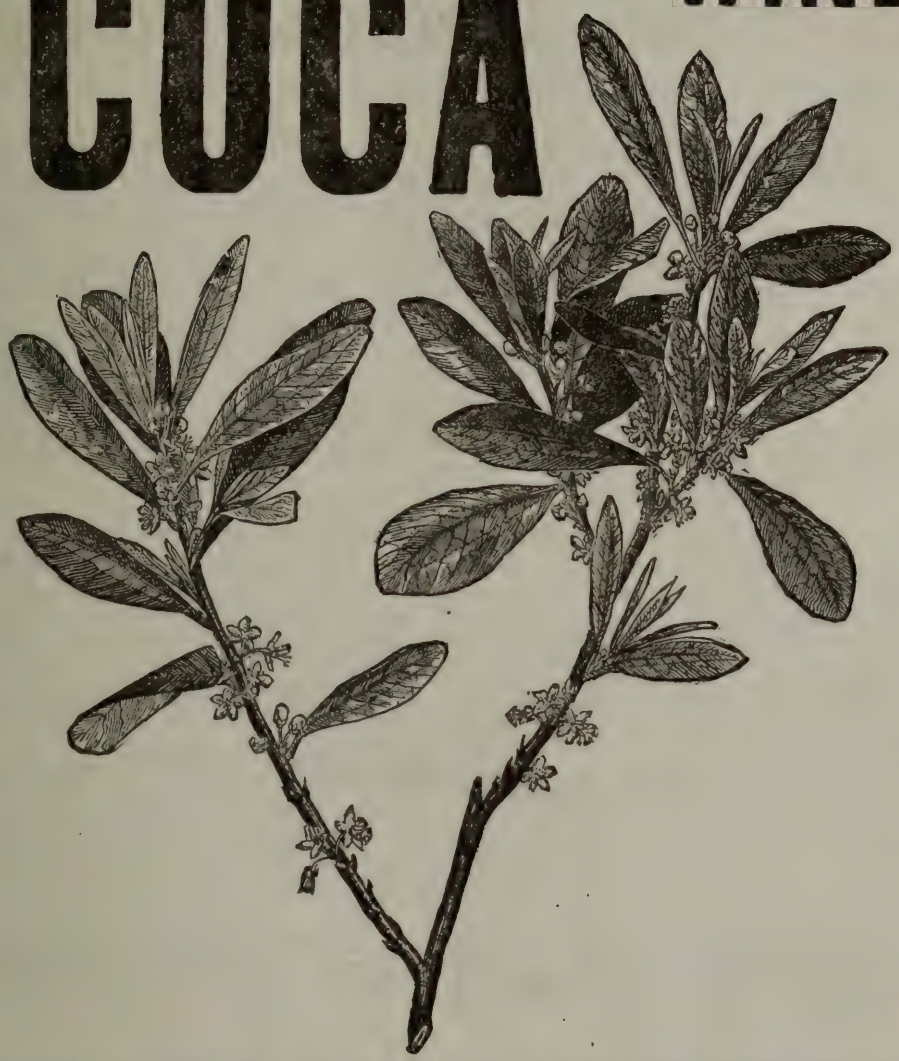
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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 4. BOSTON, SEPTEMBER, 1884. No. 9.

ORIGINAL COMMUNICATIONS.

PELVIC PERITONITIS: TERMINATING IN ABSCESS AND DEATH. (Concluded.)

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

THE following case, taken from notes made at the time, illustrates many features of pelvic peritonitis in both its acute and chronic forms:

In November, 1882, I was called to attend a girl of fourteen years, who appeared comparatively healthy, except as she was then suffering from a violent attack of laryngismus stridulous, directly produced by mental emotion and a run of a half mile. The paroxysms recurred several times within a few days, and then ceased until the following January, when she had another violent attack, similar in most respects and behaving much the same as the former one. The pharynx showed signs of chronic inflammation, and she suffered more or less from what I diagnosticated a chronic pleurisy, induced by a fall on the left side. For a time these difficulties greatly impaired the patient's health, but this markedly improved in the following Spring. About the first of July she went into the country, and on September 20th, during her menstrual period, she was caught in a shower and drenched. After a few hours the menstrual flow ceased, and she had a profound chill, followed by high fever, intense thirst, and extreme tenderness—especially in the left hypogastric

The claim that pelvic peritonitis may exist without being complicated with peri-uterine cellulitis, seemed confirmed by the autopsy in this case, which was all the more marked because of the severity of the attacks and the frequency of their recurrence.

COULD BONES BE TAKEN AS A DIET.

BY J. L. CARDOZA, M. D., WASHINGTON, D. C.,

In an article in the June number, current year of the JOURNAL, written by H. E. Dennett, D. D. S., it is maintained that bones are not only good for the teeth, but even needed for our health; must be taken as a common article of food. I would request the learned writer to explain a few remarks, as I am unable to understand the tendency of his article. As long as the writer tells us about the necessity of mothers, during gestation and lactation, taking in their food a sufficient amount of "bone and tooth *material;*" that is, their salts, etc., which go to form, to *make* bone or tooth, I fully agree with him. But as he advises us to *eat bones* for that purpose, I beg to differ with him. He tells us that "*carnivorous* animals suffer greatly if you take away from them the supply of bone which nature furnishes with the flesh," and brings some examples to prove this fact. Well, no one doubts the truth of it. But man being *not* a carnivorous animal, could not be compared with a lion. If man was destined to chew and eat bones, as lions and bears and hyenas, etc., etc., do, then his jaw bones and teeth should be formed and shaped like theirs. That the cow eats bones, even large bones, is entirely new to me; I have never heard of nor seen it; although I lived for some years in the country. But, then, I never was a farmer's boy. That some cows are seen gnawing at wooden posts has a different origin. So I will not deny that some cows *may* crave bones (a morbid condition), just as I have seen ladies crave chalk, dirt, clay, etc, as we all know. But now we can learn something from the savages, from the Indians, *that* will help us out; they belong to *mankind.* Says the writer: "Place before a tribe of Indians every thing the earth produces in the shape of food and they will eat only"—bones? Well, you would expect the doctor to say that, in order to prove his thesis, but no!

he tells us they will eat *animal food;* as for instance, meat *without bones*, milk, eggs, fish *without bones*, etc. Even for the sake of argument granting this to be true, I fail to see how we could learn any thing from that fact in regard to our eating bones. It is known that the horse, even the elephant, never eats an ounce of meat or bones, and no one could say that their bones or teeth are frail or decayed. Again, even were the doctor's *theory* all right, how could we bring it in *practice?* How could we manage to *eat bones?* that is try to chew and masticate bones? Could we for a moment believe that nature has meant for us to make use of our teeth for that purpose? And last, but not least, it seems that the doctor, knowing the difficulty for man to chew bones like a lion, advises him to burn, cure, grind or granulate the bones—in other words, to take *Carbo animalis*—and use this in large quantities for a long time, "one to three spoonfuls to every pint of soup, gravy or flour." Now, if there is any truth in the homœopathic law of cure, if we *may believe Hahnemann*, then he, or one of his pupils, has taken of the bones (Carbo animalis) doses just as the doctor prescribed, and what was the result? (you can find it in any homœopathic Materia Medica) "*the teeth get loose, sensitive to chewing; gums: red, swollen, painful, bleeding; gumboils.*" Now, if this be the result of the *bones as a diet*, how will that prevent teeth from decaying? Probably the family attended to by the doctor *were suffering* from bad teeth; on the point of decaying, and the medicine *Carbo animalis*, administered (though in rather large doses) *cured* them. The deduction would be, *bones as a medicine* are excellent for bad teeth; *bones as a diet* will ultimately result in their destruction. Perhaps the doctor's intention was only to call our attention to the fact: that the decay of our teeth is in a great measure due to improper food, indigestion (hot drinks, ice cream, spices, acids etc.) besides other morbid conditions of the system—and among the remedies is also *bones* as Carbo animalis. In that case, we may thank the doctor yet.

PRENATAL INFLUENCE.

BY EUGENE CAMPBELL, M. D., FAIRFIELD, IOWA.

THERE are very few physicians but that have believed that strong impressions made on the maternal mind at some period of

gestation will cause corresponding marks or deformities in the fœtus.

Many of us are led to believe this before we commence the study of medicine, and believing it and finding that others in the profession do, we do not investigate the subject, or if we do so, our firm belief leads us to carry on the investigation in so careless a manner that no reliable results can be obtained. What first led me to investigate the subject carefully was on reading obstetrics to find that the nervous system of the fœtus and the mother were entirely separate, and that being true, physicians failed to show how an impression made on the maternal mind could be carried to the fœtus except through the nervous system.

I either had to find some new explanation of how impressions are carried without aid of the nerves, or I had to find the nervous connection of the fœtus and mother. On failing to do this, I commenced to think this theory was similar to our weather prophets. They always remember when their prophecies come true, but the failures are easily forgotten. So on entering the field of practice I was on the lookout, but fate was against me at first, as I had but few obstetrical cases, and the babies were not marked. But I soon found that it was almost the universal belief among women, especially nurses, that if the mother had a great desire for any article of diet, it must be gratified, or the child would be marked with a spot similar to the article longed for. I remember one case especially; I had been called to attend a case of confinement, and as usual there was nothing in favor of or against this theory, as the baby was not marked.

One of the neighboring women who was present at the time said to me that she had a child that was marked with a strawberry on his arm, which was caused by her constantly wishing for strawberries the first few months of pregnancy, but as it was in the winter season she was unable to obtain any.

I went to see the child and found a red mark on the arm about the size of a cent, but it would take a very vivid imagination to make it look like a strawberry. The second summer I was more fortunate in my investigations. Mrs. C.——called at my office one day to consult me in regard to a scare she had received.

Said the day before as she was reading she was startled by loud screams from her little brother who was playing in the back yard, and on going out found he had been bitten by a dog, and his face was covered with blood. Under the impulse of the moment she carried him to the pump and washed the blood from his face.

Her mother coming home found her greatly excited, and commenced to scold her and told her that her child would be marked; that she should not have washed the blood off, but should have sent for her. She said she was in the second or third month, and was very much alarmed for fear her child's face would be marked. I tried to quiet her fears by telling her that there was no reason to be alarmed, for there was no danger. She left the office feeling easier on the subject, but still having fears, and both she and her mother often referred to the subject. Six months afterwards I waited upon her and a bright boy made his appearance, free from marks or deformities. The child is now four years old and shows no effects of the fright.

The next case that has any bearing on this subject, the mother had received no fright but had been troubled with the usual longings, but with that exception had suffered less than formerly (was the mother of four children). The child was born with both feet badly deformed. On inquiry the mother at the time and afterwards said she never could remember seeing any one deformed in a similar manner.

Mrs. X. was a large fleshy lady, but very nervous and hysterical. Her neighbor had an idiotic daughter who was very repulsive to sight. As they were neighborly she often saw the child. When pregnant the appearance of the child made her very nervous and she could not sleep at night for fear her child would be like her neighbor's. During labor she had a spasm and the child had to be delivered with forceps. The child was a well-formed, bright girl baby, and is as bright as any child of its age, which is now between two and three years. I could go on and give other similar cases, but so far, I have not seen one that would make me think that there is any foundation in the belief of mother-marks having any thing to do with impressions made on the mother's mind.

If a child is born deformed or marked it is not very difficult for the mother to think of some deformed person she has seen, or of some fright, or some article she has longed for that might have caused all the trouble; but if not marked, although there may have been a dozen reasons (according to the theory of mother's marks) why the child should be marked, these are all forgotten. The only way to find if there is any truth in this theory is to follow Dr. William Hunter's plan, who noted down two thousand consecutive cases. "In each one of these as soon as the woman was delivered, he asked if she had been disappointed of any thing she had longed for, and if so, what it was; also, if she had been suddenly shocked or surprised in any way, and how, or frightened by any unsightly or horrid object, and what." The questions and answers were carefully written down, and then the child was examined, and in all that number of cases he never found a coincidence. He found some marked when no cause was given, but never found one marked when a cause was given.

If we, as physicians, will be as accurate as Dr. H., although our practice may be more limited, I think we will find more against this theory than we will in its favor.

INSERTING MEDICINES BENEATH THE SKIN.

BY ROBERT A. REID, M. D.

To Alexander Wood, who recently died in Edinburgh, belongs the honor of discovering and first practicing hypodermic medication, which he did in 1843. He was led to this discovery by the use of an instrument, invented by Ferguson, to inject nævi, and by the firm belief in Valeix's theory of the seats of neuralgia. Wood believed neuralgia to be a local affection, and that it should be treated locally. He first brought the hypodermic syringe to the support of his theory, in a case of cervico-brachial neuralgia, in which a single injection effected an immediate and permanent cure. After this he made frequent use of remedies by this method, and published his first article on the subject in 1855. His priority was disputed by Rynd, of Dublin, and Kurzack, of Vienna, but all now concede Wood's priority of discovery and use. He recognized the systemic effects of remedies

inserted beneath the skin, but believed localization necessary to effect the relief of pain. This remained undisputed until 1859, when Hunter, of London, published an article, denying that localization was necessary, but that a pain would be just as quickly relieved if the remedy was injected at a point distant from the pain as *in loco dolore*. In the main this is true, for pain is relieved by the remedy entering the circulation, and being carried to and influencing the nerve centres, just the same as when given by the stomach, but far more rapidly. While Hunter was correct as to the systemic effects, Wood was not altogether wrong in reference to the local effects, for it matters little at what point the injection is made for the relief of ordinary diseases of a painful or spasmodic character, but in cases where the pain has been seated in one place for a long time, shows no disposition to shift location, injections made at that point are far more effectual than when made at one more remote.

Without going farther into the history of this method, I propose simply to notice some of its advantages and disadvantages. In the way of syringes, none could be better than those manufactured by Codman & Shurtleff, of this city; they are simply perfect. The usual direction is to pinch up the skin with the thumb and finger, and having charged the syringe with the proper dose, thrust the point of the needle in with a quick motion, carrying it about an inch under the skin and parallel to it, where the fluid is discharged drop by drop. Now as the only danger worth mentioning, aside from using too strong a dose, is that of entering a vein, I think this mode can be much improved upon, and would suggest that after carrying the needle under the skin about an inch, it should be withdrawn about half an inch or so, and then holding the barrel parallel to the surface, the skin should be raised from three to five lines above the surrounding tissue *by the needle*, which is under it. This can be done if carefully attempted, without danger of breaking the needle, and if a vein has been entered and the point of the needle has not been freed from it by the partial withdrawal above advised, the little force required to raise the integument from the underlying tissues will rupture the thin

walls of the small veins found near the surface, and it is my firm conviction that by pursuing this method the injection of a vein becomes impossible.

Aside from entering a vein, the dangers of hypodermic medication are not numerous; over-dosing, using solutions which are acrid, alkaline or acid, are things that should be guarded against. I doubt if there is any other method of medication so widely used and so useful with which so few accidents have occurred. For myself I have never seen anything more unfavorable than a small abscess from the injection of ergotine. Beyond question there are many instances of a near approach to death, and in some instances a fatal termination produced by remedies given by the stomach even when reasonable care is exercised. Nearly every physician can call to mind cases in which he left opium or one of its alkaloids to be used until the pain ceased, but the attendants continued it after the relief was obtained, and at the next visit the patient was found so thoroughly narcotized as to be nearly beyond relief, or entirely so, especially if a child. Such cases never find their way into print, and I am led to conclude that remedies of the narcotic class claim more fatal cases by the old method than by hypodermic use. In the former the effect is slow, and too much is often given before enough is absorbed to produce relief; given hypodermatically the effect is almost immediate.

While it is hardly adapted to the use of small children, the advantages of this method in adults are so evident that one needs but to witness to be convinced, unless he be steeled in unreasoning prejudice against it. The system can be brought fully under the influence of a narcotic in five minutes, while by quinia cinchonism can be produced in forty or fifty minutes. A severe neuralgia, colic or spasm, is completely relieved in ten minutes, while one or two hours are otherwise required to produce the same result. If cinchonism can be so speedily produced it naturally follows that in attacks of congestive chills—pernicious remittent—hypodermic use will be found far superior to administration by the stomach especially when—as is often the case—that organ is not in condition to either retain or absorb the remedy.

The saving of time and anxiety to the practitioner is no small object and the difference between relieving the patient in ten minutes, and waiting one, two, or three hours is very marked especially when the physician is already overtaxed with night work. The intensity of effect of remedies given by this method is much greater, the whole being at once absorbed whereas it is but gradually absorbed by the stomach. To possess a weapon that never fails with which to combat disease, affords us no small degree of confidence and satisfaction. Given hypodermically it is impossible for an agent to fail to act unless the patient is already in *articulo mortis*, for it is brought in immediate contact with the absorbents and must of necessity be carried into the circulating fluid, thus influencing the nervous system. Another advantage is permanence of effect; by this method many cases of long standing may be cured after they have resisted all the usual treatment. I have known of cases of headache of years standing that were permanently cured by a single injection. Cases of severe neuralgia that had defied the internal use of all the usual remedies, yielded promptly to one injection of quinia two grains, and morphia $\frac{1}{4}$ grain. Anyone who doubts the ability to reach many old cases of neuralgia and paralysis by hypodermic injections, is referred to the writings of Anstie, Wood, Hunter, Bartholow and others. Given by the stomach a remedy may be so far changed by chemical action and reactions as to either neutralize, impair, or entirely change its action; when simply placed within the immediate grasp of the circulating fluid this cannot occur.

We have very few really valuable therapeutic means that are absolutely without danger, but I doubt if any other equally effective is as safe as hypodermic medication when properly used. Persons have been injected as many as 2,000 or 3,000 times without accident or danger being manifest. Can any other powerful means show a better record? Would not the administration of an old time emetic to that number be attended with more serious results? Would not an opiate sufficient to relieve pain probably be more harmful? Hunter speaks of an experience of 2,000 cases annually without a single bad result being noticed. I do not know nor could I give a rough idea of the number of

times I have used it in treating various diseases and yet I have seen nothing worse resulting from it than a transient vertigo, a small abscess, or vomiting. On the other hand, in many cases of obstinate vomiting not due to digestive disorders, a hypodermic injection of morphia will stop it like magic. I deem it as safe as any valuable remedy we possess and far safer than many which the majority of physicians use.

Pain and spasm, and still more congestive remittents, rapidly reduce the powers of the system, therefore if by this method, we stop, *absolutely stop*, as we may, a severe colic, cholera morbus, cholera, convulsions or neuralgia in from thirty minutes to an hour or two sooner than we could by other means, it is certain that by saving so much suffering we avoid a corresponding amount of exhaustion, and save much of the vital power of the system. Who has not seen cases of the above mentioned diseases in which the vital forces began to flag, and he *knew he could save life* if he could only get his remedies to act before the powers of the system gave way? In many such cases both the stomach and rectum are in rebellion, and remedies sought to be introduced through either of these avenues fail to act promptly enough to forestall fatal exhaustion. By hypodermic medication such cases may be controlled with great certainty. This ability to affect the system when it is difficult or impossible to do so through the usual means, would entitle this method to a high therapeutic rank even if it had no other advantage. In cases of extreme shock or severe pain the stomach very often fails to respond to remedies, and in cholera morbus, cholera, and gastritis, everything administered, however bland, is immediately cast off. I have seen the *severest* cases of cholera morbus and colic relieved in ten minutes, and in cholera it is a sheet anchor, stopping the cramping, vomiting and purging in a remarkably short space of time. Cases of hysterical convulsions have been stopped by it like magic, and recent experience of Professors Younkin, Pitzer and others, seem to prove that tincture of gelsemium given in this way, is a powerful means of controlling convulsions of a cerebral character even of traumatic origin. Remedies introduced into the subcutaneous cellular tissue will act when they cannot from muscular rigidity, be placed in the mouth or

swallowed, and numerous cases reported go to show that this mode of medication is of inestimable value in tetanus, but of this I have had no experience. Garrison reports cases of complete and rapid relief from and during the paroxysms of congestive chills. He used morphia. That quinia will by this method cut short the disease is beyond question. I can recall cases which it is my firm conviction I could have saved had I then known the great advantage of this mode of treatment. It will cut short a common chill very soon; and if given thirty minutes before its time will almost invariably prevent it from occurring. If combined with morphia it will cut it short in 10 to 25 minutes.

Recent observations seem however to indicate that of all the remedies prepared for checking the chill, pilocarpine exercises the most remarkable influence. If administered as the chill is commencing it stops it at once, and substitutes for it a sweating stage thus preventing the full evolution of the paroxysm. The most remarkable point is that the disease seems arrested, and relapses prevented in a large proportion of cases. From $\frac{1}{12}$ to $\frac{1}{6}$ of a grain of the nitrate or muriate of pilocarpine is an appropriate dose for an adult, and should be given hypodermically as the chill is about to begin. If the paroxysm partakes of the character of pernicious intermittent, the usual means—applying artificial heat, etc.—should not be neglected, but the remedies are two—morphia and quinia—and the mode of administration subcutaneous, and no time should be lost in injecting them. Within a few months a number of satisfactory cures of obstinate and persisting hiccough by pilocarpine hypodermically have been reported. The same remedy given in the same way is also of great value in uræmia, or wherever the action of the skin is to be increased.

I have little faith in the abortive treatment of inflammations, but have seen cases presenting all the evidences of a commencing pleuritis, or pneumonitis in which a single hypodermic injection of morphia immediately dispelled the pain which never returned, and the temperature from that time gradually declined to the normal. Some however will urge that this is not a curative measure, and has no influence in changing cell metamorphosis, or retarding or increasing any of the secretions. Against this I would urge that administered in this way, remedies have nearly

the same physiological and therapeutical effect as when given by the mouth. If therefore a disease can be cured by the old plan, it certainly can by the new, and furthermore experience has shown me that some cases that defied medication by the old plan, yield to the same remedies given hypodermically. But some have said and will say, it does not cure, it only palliates. That depends upon the idea one has as to what constitutes a cure. If I relieve cholera morbus, neuralgia, colic, or a convulsion so that they do not return for weeks, months or never, have I not cured them? Hunter reported a large number of cases of paralysis, some of them of years standing, in which the paralysis disappeared under hypodermic medication. What about them, were they not cured? Health returned under the treatment, what more does it take to constitute a cure? Others have said that this method is dangerous, and we should not use dangerous remedies. Just so! To them I would say, suppose you arrange a list of remedies that are not dangerous if incautiously or ignorantly used, and see how many of them are really of any worth; even water is sometimes a dangerous remedy if improperly applied.

Solutions for hypodermic use should be filtered, and should not be kept long before use, as solutions of alkaloids too long kept, become unfit for use by reason of the development in them of a *penicillium*, which grows at the expense of the alkaloid, rendering it of uncertain strength. When injections are practiced infrequently, it is better to prepare an extempore solution, using powders of a definite strength. Solutions should be as nearly neutral as possible—neither decidedly acid nor alkaline—and should not be of an acid character, nor too concentrated, for the amount of fluid injected is of little importance generally. Some of the solutions which I use are: Morphiæ sulphatis grs. j., aquæ dist. ʒ j. Of this ten drops equals $\frac{1}{6}$ grain. By adding to it three drops of a solution of atropiæ, grs. j., aquæ dist., ʒ v., the pain relieving properties of the morphia will be enhanced, and its unpleasant after effects prevented. Three drops of a solution of strychniæ sulph. grs. j., acidi hydrochlor. m. j. and aquæ dist. ʒ iij. equals $\frac{1}{60}$ of a grain, a common dose with me. Of quiniæ sulph. grs. xx.; acidi sulph. arom. gtts. xx., aquæ

dist. ʒ iij., a little more than a grain is contained in 10 drops. Of physostigma $\frac{1}{3}$ grain should be the commencing dose, and as this is powerfully antidotal to strychnia, it can be effectually used hypodermically, no matter how rigid the jaws may be, in cases of strychnia poisoning. The dose of ergotine need not here be mentioned, anyone interested in hypodermic medication, may obtain all details and many interesting facts concerning it, from Bartholow's admirable work on the subject.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

SUBCUTANEOUS WANDERING.

THREE cases in recent practice have been of unusual interest to me, because of the difficulty in accounting for the presence of foreign substances.

The first a case of tumor intraorbital, resting upon the left eye ball, apparently attached to the frontal bone at the supraorbital notch. The integument of the lid and brow moving freely upon the mass, which in longest diameter was eight lines. No external irritation, and only an inflamed condition of conjunctiva.

The patient was a brakeman, aged 27; healthy. Said there always had been a lump there, but it had grown faster within a year, and troubled him about seeing. I used ether spray for local anæsthesia. Removed the tumor. Hemorrhage quite free, but soon ceased under application of sponge compress with hot water. The wound healed readily. The only unlooked for result was a lack of sensibility over the frontal region above the left eye, which continued for several weeks.

After cleansing the tumor I found the section of the vessels which caused the hemorrhage, and a filament of nerve cut in the removal.

On opening the tumor it contained a transparent, yellowish liquid, more like serum than mucus, but would not coagulate. Numerous oil globules, no sediment or blood corpuscles, but hundreds of cilliary hairs, some showing that they had been retained a long time; these with the bulb at the root quite full and in appearance as if they had but recently been pulled from the skin. In color they were from pale blonde to brown. All were of the same nature, either eye-lashes or eye-brows, and had evidently been collecting for some time.

No history of injury can be obtained. There was no scar or sore, no indication of disease in the margin of the lid. The hairs were mostly floating free in the serous liquid. I have not been able to account for their presence.

Case II. Frederick P., student, aged 19. General health good. Sought advice because of a swelling which formed on the front of the neck, and which he thought came from scrofula. Found that the tumor had formed and opened inside of the throat at first, but for a period of two years it had been at intervals forming and discharging from an external opening, at first near the Adam's Apple, then successively in places lower in the neck. When examined I found a fluctuating tumor resting on the sternum and extending along on either clavicle, but more to the right side. I opened and emptied a large quantity of pus, and with a probe found the outline of the cavity to be sinuous only upward. A peculiarly gritty sensation led me to suspect a foreign substance; I washed the sack with carbolized wash, and requested the patient to report on third day, which he did. Found that the opening had healed, pus formed, with much tenderness and pain.

I used a probe-pointed bistuary and opened transversely to the limits of the sack, three and three-fourths inches. On washing the cavity I found a pointed roughened fish bone, nearly one inch long. This removed; the unhealthy sloughy looking subcutaneous tissue dried with sponge. I applied freely Iodoform Pulv., pressed the flaps down and laid between their lips a pledget of Marine lint; no other dressing was applied and this pledget of lint was changed but once. The wound healed, leaving a scar nearly six lines wide in one part. The adhesion of the skin to the muscular sheathe is rapidly yielding to the free movements of the neck.

No inconvenience has been caused and no further trouble, though several months have elapsed since the operation.

This was evidently a case of swallowing the bone and its wandering down slowly to where it was found.

Case III. A man of 35, whom I have under observation, has on the dorsal surface of the right foot, near the distal ends of the third and fourth metatarsal bones, a substance which first made its appearance in the instep many years ago. This has slowly worked down towards the toes. At times would be very sore under pressure of the shoe, but never festered. At present it is about seven lines long, one line broad, is broken nearly in the middle, is firmly held in the skin, and moves freely with it. The broken ends grind when rubbed together. The substance looks dark as if of metal. Does not become sore and gives no inconvenience. No history can be obtained of its origin. There has never been any injury to the limb or foot.

These three cases coming nearly together in my practice, suggested their statement, hoping that some of your readers might give us the benefit of their experience in similar cases.—Dr. E. A. Magoris, in *Chicago Medical Times.*

WHEAT CHARCOAL.

Let it be known that plump wheat carefully burnt to charcoal and then powdered, affords an article in our experience far superior to any other form of charcoal. We use it in the chronic diarrhœa of infants and adults, in pyrosis and cardialgia of adults, and in all ways that charcoal is known to be useful.

In chronic gastritis we know of nothing so good as wheat charcoal finely powdered, and given in doses of five or ten grains, with or without bismuth subnit. Wheat charcoal for diarrhœal infants is worth looking after.—*Iowa Medical Journal.*

THERAPEUTIC VALUE OF SULPHUR.

Too many of the profession in this age of new remedies, have neglected a great many of the old agents, notwithstanding their positive value. Ideas and ideals have divorced. He or she is an old "foggy," in the minds of many, who does not "prove all things," holding fast to *nothing* that is good. But the brevity of this article will not permit of theorizing. Of the old remedies, sulphur deserves noticing. Among the many pestiferous things of glorious springtime, boils come, full of anguish as a broken heart, planting themselves on the sweet charms of beauteous womanhood, as well as "tackling" the prolific portions of astute manhood. Here sulphur is a certain remedy.

℞—Sulphur . . . . . 15 grs.
Bitartrate potas . . . . . 15 grs.

Mix.—Divide into six parts. Give one twice daily mixed with molasses.

Then there's another disease called *itch*— or "each," as some have it—and who hasn't had it, pray? One almost grows poetical over the thoughts of it. And while it's a glorious thing to scratch, there is a point where scratching ceases to be a virtue. At this point take the above internally, and

℞—Sulphur . . . . . 1-2 lb.
Lard . . . . . 2 lbs.
Oil of Bergamot . . . . . 1 dr.

M.—Apply to affected parts twice daily. In that peculiar affection known as milk-sickness sulphur stands as *factora primæ* in treatment. In measles, if uncomplicated, sulphur in moderation

is all the medicine needed. In acne, sycosis, impetigo, and urticaria, iodide of sulphur, sulphide of calcium, proves very serviceable. In many skin diseases, sulphur is superior to chloride of chromium, and equal to arsenate of sodium. In oxaluria, a powder of sulphur and phosphate of soda will often prove beneficial. Sulphurous acid (not sulphuric) is serviceable when the tongue looks like old "dirty" copper.—*Keystone Medical Journal.*

THE "ALARMING SYMPTOMS" OF LOBELIA.

I NOTICE in the June No., vol. VI., *Medical Tribune*, an article headed "Lobelism," which it seems to me will have a tendency to leave an impression with many, that Lobelia is just what our enemies claim for it, an "unsafe emetic." And from that fact I am disposed to say a word in regard to what has been called the "alarming symptoms" of the action of that drug in some cases. The symptoms portrayed in the article referred to, are what has caused the enemies of the eclectic practice to pronounce Lobelia a "narcotic poison," and apparently with some show of reason.

I have known some of the inexperienced Thomsonians, while witnessing the symptoms referred to, manifest much alarm as regards the safety of their patients, but had they been thoroughly familiar with the true properties of Lobelia, they would have folded their arms and awaited the result without a suspicion of danger.

Prof. Wm. Tully, of Yale College, was appealed to by Samuel Thomson in March, 1838, in regard to Lobelia being a "narcotic poison," and I will quote from the letter of Dr. Tully in reply: "I have now been in the habit of employing the article (Lobelia inflata) for 27 years, and witnessing its employment by others for the same length of time, in large quantities, and for a long period, without the least trace of any 'narcotic effect.'

"I have used the very best officinal tinctures, in the quantity of three fluid ounces in 24 hours, and for seven days in succession, and I have likewise given three large tablespoonfuls of it within half an hour, without the least indication of any narcotic operation. I have likewise given it in substance, and in other forms, and still without any degree of this operation. I have superintended experiments with it, made by young men, and always with the same results. I have known four or five tobacco-pipesful of it smoked in immediate succession, and without any narcosis, and I have

known it given by enema, and with the same result. In addition to this, no species of the genus Lobelia is known to possess a particle of narcotic power.

"Dr. Bigelow, of Barton, was the first person who ascribed narcotic powers to this agent, and this he first did in 1817, and not from his own observations, but from the general fact, that in connection with its nauseating and emetic operations, it sometimes produces vertigo and nervous tremors, and that when it nauseates powerfully without vomiting, and when it vomits excessively it produces considerable prostration.

"After Dr. Bigelow first pronounced it a *narcotic*, subsequent writers very speedily converted *something as black as a crow into three black crows*, and Dr. Ansel W. Ives, of New York, at last pronounced Lobelia inflata *to be a deadly narcotic*, and that its action as an *emetic 'is secondary or symptomatic of the primary impressions upon the brain like that caused by tobacco and other narcotic* poisons.' But all this is mere stuff and closet speculation, and does not contain a single truth. There is no possibility that Dr. Ansel W. Ives ever used the article in his life."

It seems to me there is very little doubt that the true therapeutic action of Lobelia inflata is not generally understood. I think the general impression is that Lobelia is the principle agent in producing vomiting, but it appears to me that that impression must be incorrect, for we all know that vomiting is the result of muscular contraction, while all of us are convinced Lobelia is an anti-spasmodic, and will overcome fits, spasms, and muscular contraction; and if so, how can it produce vomiting? I would say by relaxing the muscles of the stomach far below a normal condition, and the reaction of the vital forces, produces the vomiting. And right here I will explain what I understand the "*Alarming Symptoms*" of Lobelia *to be*, it is its wonderful and peculiar relaxing properties, *temporarily suspending* the active powers of nature. Were it a "narcotic poison," it would most certainly produce death, as our enemies in their ignorance claim. I have administered Lobelia inflata, in old worn-out chronic cases, and have witnessed the peculiar symptoms called "alarming symptoms" more than a score of times, but I have never witnessed a case that resulted in "*death*" or "*convulsions*;" but, on the contrary, I have witnessed many recoveries to health and vigor. Where there is but little vital force, greater will be the struggle. It is the relaxing properties of Lobelia, and the active forces of nature that are contending, and were Lobelia (as Allopathy would in its malice, or its ignorance, have it) a "*deadly narcotic*," it would be a short struggle; but all there is to do, is to wait patiently for the Lobelia to spend its force, and nature will

slowly, but *surely*, react and set things all right again. Those cases can sometimes be shortened; some, by giving mucilaginous drink of some kind, that will absorb the Lobelia, and then a stimulating draught to assist nature to react.—W. JONES, M. D., in *Eclectic Medical Advocate.*

THE TREATMENT OF GONORRHŒA.

DR. THRAILKILL says in *California Medical Journal:* In the June number of the JOURNAL, Dr. Appy puts considerable stress on the virtues of "claret," as a *curative* agent, in that often-met-with disease, gonorrhœa. Now, my experience has been that persons who contract this malady usually prefer "claret" *per os* and without the use of a syringe.

I have not been encouraged by the use of this remedy, nor any of the stereotyped formulæ published in the text books on this subject.

The following treatment is original with myself and has proved entirely satisfactory: Have patient assume a horizontal position and partake of a milk diet only, for first three days; bathe parts well, night and morning, with water as hot as can be borne, slightly carbolized and alkalized. If patient is of a nervous temperament we may give ten to twenty grains of potassium bromide at bedtime, to insure rest and sleep, as they are liable to be restless, particularly if it is the first attack and they are afraid some one will find it out. At first visit of patient, inject one drachm of aqua distillata, with one grain of potassium permanganate dissolved therein. This will burn considerably, and must not be repeated. Prepare and inject the following in thirty minutes:

℞.	Glycerine	ʒ j;
	Liquor Bismuth	ʒ j;
	Potassii Chloratis	grs. iij.
M.	Inject thrice daily.	

If the above directions are strictly followed all pain and soreness will vanish and no swelling whatever may be expected.

After each injection place a piece of absorbent cotton with a few drops of glycerine over orifice and retain it *in situ* by a piece of oiled silk the size of a small napkin of floss silk.

It must be borne in mind that this line of treatment is only advised in the *first* stages—and then it must be commenced during the first few days.

SELECTIONS.

ALETRIS FARINOSA IN SPERMATORRHŒA.

W., æt 16, applied to me for treatment in Feb., 1883. He was an unfortunate victim of the habit of masturbation, as he frankly confessed, and also a victim of one of those confidential newspaper advertising quacks. He was weak, physically and mentally, gloomy and despondent in the extreme. He had quit the practice for several months, and had been under treatment of this quack, but was at this date having emissions nearly every night—sometimes with a dream, sometimes without. On careful and thorough examination, finding no local trouble, and no call for local treatment, I addressed my remedies to the impaired physical and mental, and, I might add, moral condition, alternating and combining remedies, to the best of my judgment, with what additional light I could gather from standard authors and current literature. Finally, after about six month's treatment, during which I saw my patient once or twice a week, with no permanent relief, both of us were becoming disgusted with each other, when my eyes happened to fall on a short article by Dr. D. P. Duncan, in the THERAPEUTIC GAZETTE, for Aug., 1883, on "Aletris Farinosa as a uterine tonic." I concluded that what is "good for the goose, might be good for the gander." I, therefore, as a last resort, and for its tonic effect, put my patient on five-drop doses, ter in die of this drug, the last dose to be taken at late bed-time. To my agreeable surprise he returned in less than a week with a beaming countenance, telling me that the medicine was curing him. He continued this treatment about three weeks, taking nothing else, and got well, and continues so at the present writing—three months after I discharged him.—DR. R. HINTON, in *Therapeutic Gazette.*

CATHETERS AND SELF-CATHETERISM.

WHILE much more common in England, yet, the custom of *self-catheterism* is becoming more usual in this country. And as gum catheters (the kind most in use) becomes very sticky, increases in bulk and deteriorate in quality, becoming very liable to break off in the urethra, it is with much satisfaction that we note that Dr. J. B. Mitchell states in the *Medical Press*, June 25, 1884, that a catheter that has been smeared inside and outside with oil, when exposed for an hour or two to the action of pyroxylic ether, is as clean and smooth as it was before use. He also suggests a most excellent method of using oil for lubricating purposes.

When a certain quantity of castor oil is, by exhaustion at the superior orifice of the catheter, sucked into the tube of the instrument, it does not at once seek to escape, but keeps its place till the constricted part of the urethra is reached. The catheter, with its internal as well as external charge of lubricant, having arrived at the point where resistance has to be overcome, pressure of a stripping character exerted between the finger and thumb, in a downward or inward direction, upon the extruding upper end of the instrument, by expelling the oil wherewith its opposite end is charged, floods the urethra with the lubricant at the constricted part, and bears along, as it were, the catheter point through the prostatic rapids, landing it safely in the bladder. Experience has abundantly shown that the flooding, when copious, is always completely effectual in the shooting of the urethral narrows.—*Med. and Surg. Reporter.*

CIDER VINEGAR IN THE TREATMENT OF DIARRHŒA AND DYSENTERIC SYMPTOMS.

The apprehension of the danger threatened by the Asiatic cholera, being already accompanied by an amount of diarrhœa and dysentery in most communities, it seems incumbent again to call attention to the internal administration of cider-vinegar as being followed by such remarkably happy effects upon such maladies.

It has recently been said that the cholera microbes are destroyed by acids, and that alkalies favor their generation. Pure lemon-juice is reported to have been recommended abroad for diarrhœa, and the general opinion that the fermented acids from fruit juices, are dangerous in such diseases, seems about to be proved erroneous, or at least found liable to very pronounced exceptions.

In these affections when the contraction of the sphincter ani muscles demands an effort on the part of the will, merely bringing vinegar in contact with the tongue inaugurates a reflex action upon the nervous system and probably the lower portion of the spinal cord, that almost invariably relieves the patient. The cramps, tenesmus, and chills that are so distressing, are quickly combated by a draught of the remedy and succeeded by a glow of the most natural and comforting character.

Vinegar swallowed in doses of a teaspoonful by young children, and a wineglassful by adults, may be repeated several times if the pain returns or the evacuations of the bowels recur, until generally after the third, but most frequently after the first administration, there seems to result a complete cure and this too without any necessity in ordinary cases for positive restrictions of motion or diet.

This has been so safe, rapid and complete a cure in both recent and chronic cases, that to enumerate them here, would seem less likely to convince doubters of its efficacy, than to cause them to suspect it as savoring of the sentiments of reports of the advertised nostrums.

A food of the class of condiments, so universally used, being mentioned by the early biblical writers and known as a part of the diet of millions of soldiers from the time of the Romans to the present, would seem to encourage the conscientious study of articles of daily and familiar use, for the discovery of new capabilities. Doubtless there are many simple and efficient remedies at our command, that have been overlooked through their simplicity and innocuousness.

The aphorism of Sydenham, that "the nearer a medicine approaches a food the more efficient it becomes"—excites the hope that it is pardonable to attempt the persuasion of others to test this plain acquaintance and thus see if it is not worthy of greater respect in the pharmacopœia.—T. C. Stellwagen, M. D., in *Medical News*.

INCONTINENCE OF URINE IN CHILDREN.

Dr. Samuel S. Adams finds that in 1784 the pathology of this affection was understood as well as now. From birth the child instinctivly voids its urine, and we take it for granted that the act is reflex. The rule is that about the eighteenth month the child is taught to exercise complete control over the sphincter. Children are often punished for incontinence, but there must be a pathological condition to account for an act that makes nature an abhorrence to herself, and it is our duty to seek diligently for it and remove it. In many cases the act continues untreated until well-marked physical changes take place, and the child, bright and cheerful by nature, becomes morose, restless, and nervous. We generally find the disease divided into three varieties. In the first class the subjects suffer from a constant dribbling of urine day and night. The doctor has met with but two cases of this kind, in boys about eight years of age; in each case examination revealed a vesical calculus, which being removed, the function of the bladder became normal. A second class comprises those whose incontinence is intermittent in character, and occurs in the days as well as at night. This is the form usually met with in the girl. The urine is retained for a short time during the day, when the desire to void comes, but before a convenient place is reached, the sphincter is overcome and the child is powerless to prevent the flow. The cause in

these cases were found to be vulvitis or urethritis, as a result of the irritation from ascarides in the vagina. The third class is one that interests us most, because of its frequency in both sexes, its nocturnal character, its possible concealment for years, and the promptness with which it yields to treatment. The children urinate before retiring, and yet about midnight, during a profound sleep, the urine is passed again, or just before rising in the morning the contents of a full bladder are involuntarily set free. Patients of this class generally dream of urinating, and in boys it takes place during erection of the penis. In some obscure cases of incontinence, the accident is attributable to causes that favor a perfectly physiological process in the adult. Late suppers, profound sleep, amorous dreams, and many such causes, produce a nocturnal pollution in the adult, and the same causes excite irritation in the child; but, instead of the seminal discharge, the physiological process of which is not yet established, the bladder is emptied. In each instance the discharge is the result of a conservative process of nature to relieve the irritation. Frequently enuresis goes on undisturbed until the full establishment of the sexual functions, when it is superseded by nocturnal pollutions. Incontinence most frequently exists in children between eight and twelve years, but may occur at any time between two years and puberty. Trousseau was the first to trace a relationship between incontinence and epilepsy, claiming that in rare instances one succeeded the other. In a few cases of occasional nocturnal incontinence, the cause may be a overloaded stomach or bowel, intestinal worms, hip-disease, adherent prepuce, or amorous dreams. In cases of phymosis, the nocturnal incontinence is due to reflex irritation. The irritant is often the smegma behind the corona, which keeps up a constant irritation. In other cases, owing to the contracted orifice of the prepuce, the bladder becomes tired from prolonged expulsive efforts, and relaxes before it is emptied. As a result there is frequent urination during the day, and at night the spinal centre responds to the irritant by involuntary micturition. The doctor does not approve of the use of chloral with children. The bromides take foremost rank in the treatment of those cases in which an exalted nervous condition can alone account for the incontinence. They should be given in large doses at bed-time. Belladonna is the remedy *par excellence* in the treatment of those cases believed to be associated with a tonic spasm of the bladder. It should be given in large doses at bed-time, increased drop by drop, daily, until improvement results or its physiological effects are obtained. If there is a relaxation of the sphincter vesicæ, or paresis of the muscles of the bladder, strychnia is indicated. When the pre-

puce cannot be retracted, circumcision should be performed; but sometimes, while the opening in the prepuce is large enough, it cannot be retracted owing to adhesions. In such cases, if these adhesions are broken up, favorable results will follow.—*Amer. Jour. Obstetrics.—Arch. of Ped.*

AN ENGLISH VIEW OF ECLECTICS.

In an interesting paper read before the Manchester Pharmaceutical Association, on March 25th, Dr. F. C. J. Bird, in discussing a number of new remedies of American origin, takes occasion to interpolate his opinion of the eclectic practitioners of this country, to whom he accords the credit of having greatly enriched the materia medica. "The word, eclectic," he remarked, "really meant, selection, but now conventionally it is understood to refer to a class of medical men in America, who confine the drugs used in their practice, to substances obtained from the vegetable kingdom only; and who, when they have exhausted the drug by treating it with alcohol, precipitate the tincture with water, and drying the resulting resinoid powder, believe the preparation thus produced to represent the entire active constituents of the drug, divested of all inert woody matter, etc. For a long time this class of practitioners was regarded, to a certain extent, by medical men, of the other schools, in the light of quacks, but the valuable quality of some of their now well-established remedies, as podophyllin, irisin, etc., have done much to remove that feeling."

Our eclectic brethren will, without doubt, be much interested in the opinion entertained of them by this transatlantic savant.—*Therapeutic Gazette.*

SECONDARY SUTURE OF THE MEDIAN NERVE.

At a recent meeting of the Academy of Sciences, M. Tillaux related two cases of secondary suture of the median nerve followed by rapid restoration of the functions in the parts depending upon it. The first was a young girl who cut the front of her wrist whilst cleaning some windows in November, 1883. The wound healed without suture of the nerve being performed, and there remained complete paralysis of all the parts supplied by it. Incapable of working, the girl went to the Beaujon Hospital to seek relief. The parts supplied by the median nerve were found to be colder than on the opposite side, and of a slightly violet color. Notwithstanding the discouraging nature of the case, M. Tillaux decided to give the patient a

chance. The ends of the nerve were found about a centimetre distant from one another, the central one bulbous, the peripheral atrophied. They were cut so as to present a fresh equal surface, carefully drawn together by a hair suture (*crin de Florence*). An antiseptic dressing was applied and the limb immobilized in extreme flexion. Two days after the operation sensibility began to return and increased daily. Six weeks later she left the hospital with sensibility and movement entirely restored. The other patient was a woman, who witnessing the result in this case, begged M. Tillaux to operate upon her also, notwithstanding that the accident had occurred fourteen years before. The operation was identical, and the next day sensibility began to return, and was soon entirely restored. The physiological curiosity of these cases lies in the fact that when examined microscopically (by M. Ranvier) the portions of nerve removed exhibited no trace of cylinder-axis, and that it is difficult to explain the restoration of function by our present ideas on the subject. M. Tillaux's observations may be the starting-point of an important discovery.—*Lancet.*—*Medical News.*

THE OLEATE OF ZINC.

At this particular season, when intertrigo (chafing) is one of the annoyances to which those, particularly in whom there is a redundancy of adipose, are subject, a reference to the therapeutic properties of the zinc oleate is very timely. The subject has been pretty fully covered in an article by Dr. Stelwagen, in a recent number of the Medical and Surgical Reporter, of which the following is a resume:

Oleate of zinc is a dry, white, pulverulent, impalpable powder of a soapy touch, resembling powdered soapstone; if pure, it should make a clear solution with oils, lard, etc., over a water-bath. It may be used either as a dusting-powder or as an ointment. An ointment of one or two drachms to the ounce of cosmoline, or any fatty base, is most commonly used. Sometimes the oleate made up in ointment form with oleic acid seems to be more efficacious. A very good way of prescribing it is as follows: ℞. Zinci oleatis; acidi oleici, aa ʒ j; petrolati; cerati simplicis, aa ʒ iij. Ft. ugt. To a great extent this oleate replaces the oxide of zinc, and may be ordered whenever that substance is indicated. Acute vesicular eczema may be successfully treated with the application of black-wash and the subsequent application of an ointment of oleate of zinc; the wash is to be applied with a sponge or soft rag for several minutes, two or three times daily; after each application has dried, a small

quantity of the ointment is gently rubbed over. In some instances, the disease seems to be more favorably influenced by the oleate employed as a dusting powder. When such is indicated, the following will prove an eligible formula: ℞. Pulv. zinci oleatis; talci veneti, aa ʒ iij; amyli, ʒ ij. M. This is to be dusted over the parts several times daily. The same plan of treatment is frequently of advantage in all weeping eczemas. In intertrigo, a dusting-powder, such as given above, is very comforting. This oleate makes a harmless toilet powder, and combined with talc and calamine, as in the formula below, will make an excellent powder for such purpose: ℞. Calaminæ præparatæ, ʒ ij; talci veneti; zinc oleatis, aa ʒ vij; oleo rosæ, q. s. M. S.—Toilet powder. This last may also be employed as a dusting powder in moist eczema and similar inflammations.—*Therapeutic Gazette.*

We advise our readers to give oleate of zinc a trial. Parke, Davis & Co., make an excellent article.

PREVENTION OF ATTACKS OF CHOLERA.

Surg. Gen. Cornish says: "It is within the experience of all, that an attack of cholera in the individual is often aborted by timely treatment. During an epidemic, what can be commoner than the following typical case? A man is suddenly seized with a feeling of oppression and sinking about the epigastrium, followed by two or three frequent and copious watery evacuations, and, if there be no actual sickness, a feeling of nausea and faintness. Such attacks often occur in the early morning, the patient having gone to bed perfectly well, and slept soundly until the desire to relieve the bowels was felt. Besides these symptoms, there is generally a clammy skin, a weak pulse, and much nervous anxiety. Now, let a case of this nature be treated instantly, by some combination of opium with a diffusible stimulant (a full dose of chlorodyne and brandy is perhaps the best and simplest remedy to be found at hand), let him be put to bed, and have warmth applied to his feet and epigastrium, so as to favor sleep. In nine cases out of ten, when the patient falls asleep, the diarrhœa is checked; and when he awakes, he will feel quite easy and comfortable. In the tenth case, the remedy may fail and the disease progress until all the symptoms of aggravated cholera appear in their due order. What becomes of the *contagium* of cholera, supposing the disease be due to an infective germ, when the early diarrhœa is checked?"—*Indian Medical Gazette.—Medical Record.*

VERATRIA IN THE PRURITUS OF WOMEN.

The *Med. Times and Gaz.*, April 12, 1884, says:

All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause, must be very desirous of being made acquainted with a prompt remedy for so distressing an effection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes, or whether it exist without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localized at the groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills, with licorice powder, of which from two to six should be taken daily, either half an hour before or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six is attained.—*Med. and Surg. Reporter.*

THE NUMBER SEVEN.

"Six days shalt thou labor and do all thy work, and on the seventh day rest from thy labors." Probably from the day this command was first uttered there has attached to the number seven something of mystic virtue. In our day there is a very popular belief that "things go by sevens," and the seventh son of a seventh son is believed by a very large proportion of the people, as we find them, to be vested with some power to heal, which is not vouchsafed to the general run of mortals, no matter how they may seek to prepare themselves by improving all the advantages of the present "advanced standard of medical education." Hippocrates believed there was "luck in sevens," and he, like Shakspeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At

seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his first climacteric. At nine times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

There are some remarkable septenary coincidences in the discharge of physiological functions, and in disease processes. The human female menstruates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many if not in all instances, a multiple of seven. In the dog it is nine times seven days; in the cat, eight times seven; in the fox six times seven. The common hen sits on her eggs three times seven days; the duck and goose, four times seven; the crow, three times seven; the swan, six times seven; the peacock, four times seven; the canary and pigeon, twice seven. Bees hatch out in three times seven days. Fever and ague has a tendency to terminate spontaneously after the seventh, fourteenth and twenty-first paroxysms. Relapsing fever is a disease of seven days' duration. Typhoid fever lasts three times seven days. The incubation of measles is twice seven days, and the disease itself lasts seven days — three days of catarrh and four of eruption — before it declines. Scarlet fever and erysipelas occupy seven days. Small-pox requires twice seven days — from the time of the appearance of the primary fever and the full development of the eruption, seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs.

Truly, there is something wonderful about the number seven. —*Med. Age.—American Homœopath.*

GLYCERINE AS A REMEDY IN INDIGESTION.

The editor of the *Medical Index* has found the exhibition of glycerine to be attended with satisfactory results in two forms of indigestion, particularly. 1st, in that form of irritative dyspepsia, which is the common result of rapid eating and imperfect mastication. The usual symptom in such cases is distress coming on half-an-hour or an hour after meals. There is also duodenal catarrh and dyspepsia, with perhaps, slight jaundice and other symptoms, referable to, and explained, by the irritated mucous membrane of the stomach and duodenum. The indications in such cases are well-defined. The food must be prevented from undergoing mischievous chemical changes before it can be acted upon by the enfeebled digestive organs, and a remedy must be given, which shall exert a local soothing effect upon the irritated mucous surface. Glycerine, theoretrically, from its preserving

and emollient properties, fulfils these indications, and in practice our contemporary has not been disappointed in its use. A somewhat similar condition to the above is met with among children shortly after birth, after a trial of feeding them, solid food has been followed by colic and soothing syrup. In such cases the child is apt to have greenish discharges, occasionally specked with blood. Glycerine will be found an admirable remedy in these cases.—*Therapeutic Gazette.*

THE TREATMENT OF CHOLERA.

From the host of remedies and suggestions that are now deluging the European medical press, we select the following from Dr. Henry A. Rawlins, in the *London Medical Times*, July 12, 1884:

The man suffering from cholera has been suddenly deprived by diarrhœa of an enormous quantity of the fluid part of his blood. This loss is one of simple transudation, increasing as the powers of life decrease. This *sudden* loss produces intense prostration, and renders the heart powerless to perfect the circulation. The body, thus deprived of oxygen, speedily runs into decomposition, even before life is extinct. Have we any agent by which we can collect and press forward these scattered and lethargic drops of blood to the heart, and enable it to renew the circulation, and with it the blessings of oxygen to the body? My reply is emphatically—Yes! Flannel bandages from the toes to the trunk, around the abdomen, and from the fingers to the body, will effect this object perfectly. Remark that the effect is gradual, increasing with every turn of the roller, but would be in full force in about twenty minutes. By thus exposing the blood in the lungs to the action of oxygen in its diluted form, as it is in the air, instead of pure oxygen, the reaction would neither be too rapid nor too dangerous. In confirmation of my views, I have this day learnt that it is the custom in India to wear a double roll of flannel around the abdomen, as a preventive to cholera. The other advantages resulting from the use of the flannel bandages are:

1. That they prevent the escape of heat from the body of the poor creature who is already in a state of refrigeration.

2. By their firmly and equally grasping both flexor and extensor muscles alike, they are steadied, and rendered much less likely to be affected with spasmodic action or cramp.

3. By their steady *elastic* pressure and support of about 160 pounds, they persistently keep up and sustain the circulation of the blood, which they had previously restored.

4. That the oxygen thus well secured to the blood, will, I believe, prove quite sufficient to neutralize the original poison, and also destroy its effects.

5. That this much can at least be claimed for their use, that they remove from nature a stumbling-block, which prevented her from exercising her marvelous recuperative powers. Diluted sulphuric acid is the best medicine to arrest the flux from the bowels, acting also as a tonic. It should be given in five-minim doses about every half hour, with rice gruel. By adopting this plan, the natural process is brought about, that of the starch being converted into grape sugar. Plenty of white of egg, well whipped up, so as to nourish the body and convey oxygen into the stomach, which it will appropriate, should be given. Opium, in small quantities, and other stimulants, should be given according to the necessities of the case. May it not be well, through the medium of wet sponge over the thorax, to apply a continuous but gentle current of galvanism, so as to stimulate the heart's action, keep alive the respiratory movements, and thereby assist in the maintenance of the functions of the body?—*Med. and Surg. Rep.*

A SPECIFIC FOR HICCOUGH.

Dr. Henry Tucker recommends, in the *Southern Medical Record*, the use of the following very simple remedy in the treatment of hiccough, namely: Moisten granulated sugar with good vinegar. Of this give to an infant from a few grains to a teaspoonful. The effect, he says, is almost instantaneous, and the dose seldom needs to be repeated. He has used it for all ages—from infants of a few months old to those on the down-hill side of life, and has never known it to fail. The remedy is certainly a very simple one, and although no theory is advanced to account for its wonderful action, it merits trial.—*Therapeutie Gagette.*

CHEAP QUININE.

Physicians should know that quinine is steadily decreasing in price, and has lately been sold as low as $1 an ounce. It is poor policy, therefore, to use the so-called "cheaper alkaloids" when quinine, which is more efficient, costs but little more. The cause of the decline in price is said to be the removal of the tariff, and an over-production on the part of foreign manufacturers. The world's production to-day is estimated at 4,500,000 ounces, of which Germany and Italy manufacture by far the greatest portion. There is considerable made in England, but this is of a superior quality, and its enhanced cost limits its consumption and conse-

quent production. America consumed forty per cent. of the total production, or about 1,800,000 ounces. Prior to the removal of the tariff, 1,500,000 ounces were produced here, but the effect of the removal of the duty has been to decrease the manufacture and make the United States more dependent upon foreign supplies. It is estimated that now not more than 1,000,000 ounces are manufactured in the New World, but this is in part due to the destruction by fire, in Philadelphia, of the works of the largest American producers, who now send their bark to Europe to be prepared for the market. From the East Indies the shipments of the raw material to the United States were over 6,000,000 pounds, of which a very large proportion was shipped to Europe for account of the American manufacturers. Of late years the quality of the product has materially improved, the quinine now sold having not more than from two to five per cent. of the lower alkaloids, while it is but a short time since that quinine having ten per cent. of these was deemed a satisfactory article. This improvement is believed to be due entirely to the better quality of the bark obtained from the cultivated tree.—*Medical Record.*

UNUSUAL WEIGHT OF FŒTUS AT FULL TERM.

Dr. Edward Gordon reports this case in the *British Medical Journal*, April 5, 1884:

On March, 16, a lady, aged thirty-five, primipara, tall, healthy, and well built, gave birth to a well-formed female child, weighing eighteen pounds and measuring twenty-six inches in length. Delivery was effected by forceps, and presented no unusual difficulty till after the head was born, when the shoulders wedged between the coccyx and the pubic arch; by bringing out each arm they were released. The pelvis now lodged in the same place as the shoulders, and was only liberated after a severe struggle by compressing the iliac bones of the fœtus. The passage, even of the thorax and abdomen, was effected only by great effort. There was just a twitching of the nose and lips of the child after birth. The placenta was expelled in ten minutes afterwards. A binder was applied and one drachm of ergot administered. The pulse was 80. The patient seemed exhausted, but fully conscious. Artificial respiration, warm bath, brandy, etc., failed to resuscitate the child, although preserved in for half an hour. Unfortunately, the patient, on asking if the child were dead, was answered in the affirmative by an attendant, and at once threw up her hand, exclaiming, "Then I shall die too." She died two hours and a half after the extraction of the

fœtus. The immediate cause of death seemed to be syncope from shock, by the news of the death of the child after such a severe and laborious extraction.

Perhaps the extraordinary size of the child may be, in some measure, accounted for by the inordinate appetite of the mother. She herself informed me, during the labor, that she had often eaten a pound of raw meat at a time, took little or no exercise during the last six weeks, often lying in bed till eleven o'clock, and again lying down at three in the afternoon till six. I am informed by a relative that, on one occasion, she ate three pounds of pork at one meal during the latter part of her pregnancy. The lady had made a note of the date since the last menses were seen, which made the fœtus exactly nine months on March 16.—*Med. and Surg. Rep.*

EARLY RECOGNITION OF CANCER.

On Wednesday, July 2d, a good audience assembled to hear the lecture on "The Early Recognition of Cancer." The term "cancer" was used in its clinical sense and as including sarcoma, and not in its limited anatomical sense applying solely to carcinomatous growths. The importance of its early recognition was obvious. Mr. Hutchinson said that before the actual presence of cancer was what might be termed the pre-cancerous stage, and this was essentially a condition manifested by signs of local inflammation. An interesting case was narrated in support of this view. It was that of an old gentleman whom Mr. Hutchinson saw in consultation some years ago. One testicle had enlarged and was slowly increasing in size. The surgeons who saw the case agreed that it was probably not malignant and recommended non-interference. It continued to grow, however, and was at last removed solely by request of the patient, who had all along been anxious about it lest it should be cancerous. It was examined microscopically and was found to be simply in a condition of inflammatory hyperplasia, and no signs whatever of malignancy were discoverable. The patient recovered from the operation, no further trouble manifested itself, and his medical attendants came to the conclusion that his testicle had been really unnecessarily removed. Two years elapsed. The remaining testicle then began to enlarge in the same way in which the other had done. Remembering the result of the previous operation, the surgeons strongly advised the patient against operation. As before, it continued to enlarge until finally it reached a considerable size. At last even the surgeons began to be alarmed and the patient's anxiety was extreme. The testicle was finally

removed at the urgent request of the patient. It was examined and proved to contain a well-marked sarcomatous growth. The interference was that the one first removed would, if allowed to remain, have also acquired a sarcomatous structure, and that the inflammatory hyperplasia found was a condition leading up to that of actual malignancy.

Eczema of the nipple preceding cancer was an illustration. Mr. Hutchinson remarked that cancer attacked parts that were functionally dead, as the breast in women late in life. Among animals it attacked the cat, the dog, and the horse, but not the sheep. The two former animals led a lazy life and were allowed to drag out their existence to old age. Sheep were usually killed before they were old enough to develop cancer.

The practical conclusion Mr. Hutchinson drew from his view was to treat as cancer all those cases where you suspected it—to adopt active measures at once and not wait for more decided symptoms until it might be too late.—*London Letter to Medical Record.*

THE TREATMENT OF MIGRAINE.

THERE is no affection, a correct appreciation of the etiology and pathology of which is more essential to its successful therapeutics than migraine. It is only within comparatively few years that the stomach has not been held to be the *fons et origo malis*, and the name "sick-headache," has become too thoroughly engrafted in popular literature, to warrant the hope that the time is not distant when the people and, perhaps, also, a very considerable percentage of the profession, will not regard the affection as directly due to gastric disturbances, and "biliousness." The fact is, however, gradually dawning upon the great body of the profession, that the gastric symptoms in migraine occupy the relation of effect, and not cause, to the essential ailment. Such articles, as one contributed to the January number of the *New York Medical Journal*, by Dr. C. H. Hughes, lecturer on nervous diseases in the St. Louis Medical College, will have a salutary tendency, both directly in inculcating correct views as to the nature of the affection, and indirectly, in assisting to its successful therapeutics. Migraine, he states, is ordinarily the periodical protest of cerebral over-tax in the acutely exhausted, comparatively young brain of the milder neurotic subject. It is a temporary disturbance of the equilibrium between waste and repair in the higher cerebral centres, and comparative neuratrophia from mental overstrain, which expresses itself in neurotic subjects, like the outcry of an oppressed or famished nerve in

neuralgia. It may, of course, be precipitated by other causes than cerebral overstrain, but hereditary tendency to weaken under a certain degree of overstrain on the part of the cerebral vaso-motor system, and the co-existence of that strain, which cannot be resisted, constitute the essentials of an attack of migraine. The sympathetic influences in an attack, pass downward to the stomach; nausea and emesis frequently follow, and the bowels sometimes move freely. The co-existence of nausea, followed by vomiting, and this by sleep and final relief, have given to migraine the synonym of sick-headache, but headache is not dependent upon a sick stomach—the nausea is due to the sickness in the head. If the vomiting continues long enough, the migraine will, of course, cease with the cessation of vomiting. To make the vomiting effective, the stomach should be washed out with luke-warm water, until it is empty of its solid contents.

In the treatment of migraine, the wise physician will heed the strong hints which nature gives at the rational restorative-therapy. Every movement increases the bodily discomfort; hence the patient must be allowed to remain absolutely quiet. For the hot, aching eyeballs and the hot, painful head, the natural suggestion is a cold lotion and the exclusion of light. The hyper-sensitive ear, must not be jarred by sounds, and, in short, the irritated brain must have rest. During the attack bromides, if the stomach can be made to retain them, are always serviceable, and their retention is favored by their exhibition in peppermint-water, and minute quantities of creasote. They are excellent remedies for the relief of the restlessness and fidgitiness which accompany the attack. Dr. Hughes does not mention menthol as an external application, possibly from the fact, that the remedy had not, at the time of his writing, been prominently placed before the profession. It meets, in an admirable manner, the indications which Dr. H. seeks to meet by means of the evaporating ethereal lotion.

Dr. Hughes devotes a very large part of his paper to the prophylaxis of the attacks. He advises to this end a course of tranquilizing treatment calculated to promote and maintain nerve stability. To this end, the patient should be made well acquainted with the nature of his trouble, and instructed in the essentials to avert its recurrence. A mild unirritating course of constant cephalic galvanization in the intervals, repeated daily or on alternate days, is beneficial. A full dose of ammonium or potassium bromide, thirty to forty grains, or a minimum dose of arsenous acid should be likewise given nightly for many months, in many cases, and as often as three or four times a day for

several days preceding the time of an expected attack. Guarana is also useful in the interim. Besetting sins, and moral and physical vices that tend to organic or nervous exhaustion, should be inquired into and remedied by discontinuance. The patient should have such treatment as any apparent departure from the standard of health as he may exhibit, may seem to call for.—*Therapeutic Gazette.*

THE THERAPEUTICS OF "HORIZONTAL POSITION."

Dr. R. H. Gunning, of Edinburg, tells us that it is enough to look at the veins on the back of the hand or inside of the leg, to see the effects of hydrostatic pressure. The limbs being perpendicular, the veins swell; placed horizontally, they become again normal. If so in the limbs where the veins have valves, more so in the veins where there are no valves, as in the lower intestine and in the reproductive parts. How easy to prevent varix, varicocele, piles, and leucorrhœa, by reclining sufficiently; or to develop them by over-standing or over-walking. This is what he thinks is not sufficiently estimated in books nor in practice. Too much is expected from local applications or operations of one kind or another, and too little is trusted to the help of position, or physical law.

Then we must not forget that the force of the heart and general circulation is also diminished by the recumbent position. The pulse increases in frequency by sitting up, and more by standing up.—*Med. and Surg. Reporter.*

THE TREATMENT OF SPRAIN BY THE ELASTIC BANDAGE.

This method of treating sprains has recently been recommended by Marc See. It is the only method which fulfils the two indications: 1. To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movement, etc.,); and, 2. To favor cicatrization of the torn ligaments and ruptured parts by complete immobilization.

The antiphlogistics and bloodletting, formerly advised by Hunter and Guersant, only partially fulfil the former indication. There is the same objection to the movements which Ribe and Bonnet advise for the injured joint. The refrigerants and cold-water baths advised by Baudens cause contraction of the tissues around the joint, and dispel the inflammation, but they are not

favorable to the absorption of the infiltrated fluids. Even massage, though superior to the other remedies just mentioned, fulfils only the second indication; furthermore, it is inconvenient, and requires much patience and time; and between the seances of manipulation the swelling reappears and the pain returns. It is true that massage has the advantage of removing the extravasated materials from the region of the joint toward the more vascular portions of the limb, where they are more easily absorbed. But the elastic bandage has this advantage in a greater degree, since its action is continuous. Finally, and above all, it favors immobilization of the joint, which is impossible during massage, and without which it is almost impossible to get cicatrization of the torn structures and complete recovery in sprains of any intensity. The bandage should be applied to the skin itself, care being taken to fill up the flat and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—*Revue de Therap.*, July 15, 1883.—*Medical News.*

COCAIN.

Dr. Aschenbrandt, of Wurzburg, has made some experiments on the action of muriate of cocain on the human organism. He administered the drug, unknown to the subjects (who were soldiers), in doses of about one-sixth of a grain in cases of exhaustion and fatigue from various causes, and found invariably that the lassitude was speedily removed, and that the men could go on for hours without feeling either hunger or thirst. One of his experiments was made on himself after a sleepless night, with the prospect of a long day's march before him, when a dose of cocain (taken in coffee about 3 A.M.) enabled him to go the whole day without feeling hunger, thirst, or fatigue, and he dined late in the afternoon with his usual appetite. He considerers the drug to be a direct nerve food, and not a stimulant merely; but its stimulating action is certainly for above that of alcohol, and it appears to have no injurious after effects.—*Medical Record.*

PILOCARPINE FOR DEAFNESS.

For all recent cases of deafness due to labyrinthine disturbances, whatever the primary cause may have been, Politzer tries the subcutaneous injection of a two per cent. solution of the muriate of pilocarpine. He injects four drops at first, and gradually increases the dose to ten drops daily. He gets fairly good results in about one-half of the cases. I have seen three cases

of persons totally deaf, who, after being treated in this way, could hear and understand loud speech spoken at the distance of a few inches from the ear; and Politzer has had one case of perfect recovery of the hearing after it had been absent for three years, and several other very satisfactory results following the use of this drug. He is about to publish the results of his experiments with the history of some of the cases. It is not known how pilocarpine acts in these cases, but the benefit derived from its use is certainly great in some of them.—*Boston Med. and Surg. Journal.*

MENTHOL PENCILS.

Menthol pencils are among the therapeutic novelties which have recently come into great favor. It is stated that Europeans who had visited Japan and China were surprised at the readiness with which the natives relieved even severe forms of neuralgic headache (migraine), and the more superficial neuralgias, occurring in all parts of the body, by the external application of a remedy which they called "Po-ho-yo." There appeared, a few years ago, on the market in Paris and Vienna, a liquid under the name of "Gouttes Japonnaise," put up in fantastic packages, with Japanese characters, and sold at a very high price, which was found to be so serviceable in neuralgia cerebralis, and other forms of neuralgia, as to cause an examination into its nature. This examination showed it to be identical with the Japanese "Po-ho-yo," and a further examination of the latter has discovered it to be a product of the Japanese peppermint (*Mentha arvensis*). The discovery thus made, the enterprise of legitimate pharmacy has divested it of the secrecy with which purely trade interest sought to invest it, with a view to the monopoly of its sale at exhorbitant prices, and has placed it in the hands of the profession on its merits. The substance is a stearoptene or camphoraceous substance, deposited from the oil and called menthol. Its therapeutic efficacy is, probably, due to its physiological property as a counter-irritant. and as an obtunder of peripheral nerve sensibility. Manufactured into "pencils." or conical pieces, mounted on a wooden base and protected by a cover which is screwed on, it may be conveniently carried in the pocket, and readily applied over the seat of suffering. Practical experience in its use has convinced us of its great superiority to the ammonia "smelling salts," so much in vogue. We have seen a "pencil" rubbed over the seat of a severe migraine promptly relieve the distressing pain. Its counter-irritant action is not painful but is rather agreeable, being a peculiar combination of refrigerant and irritant action.—*Therapeutic Gazette.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

THINGS TO TRY—WHEN THE USUAL MEANS FAIL.

We are all more or less creatures of circumstance, and of no one is this truer than of a surgeon. He should be prepared with the necessary instruments to meet all ordinary cases, and when called to a special case should take, of course, the special instruments required, but in spite of all care and forethought, circumstances will arise when the *special* instrument, or indeed the ordinary one, is not at hand, and then a make-shift must be resorted to. Whether he will be the "victim of circumstances" depends altogether upon his ingenuity and ability to adapt himself to the situation. To know a dozen ways to do a thing is of little use unless one also knows how and when to apply them. The science or knowledge of surgery is one thing, but the art or practice of it is quite another. Without the power of applying its knowledge, science is as helpless as a bird without wings. The moral of this is, practice what you read; educate your hands as well as your brains; for example, with a fish-hook and a pen-holder you can make as serviceable a tenaculum as you need want or can buy, but if you wait until you want one for an emergency you will find it awkward work making it. If, however, you try it now you will find it easy to make another whenever needed.

Many of the points of minor surgery may be practiced without patients. For instance, the various sutures—the continued, interrupted, corset, quilled and button—and their uses may be well illustrated by means of a cushion and a needle and thread, incisions being made in the former to represent wounds, and stitched up with the latter. The difference between the "double-reefer" and the "granny-knot" may be well shown, by using a string about six inches long, one-half of it having been dipped in the ink-bottle to color it, and then drawn through the cushion. To put on a bandage neatly and efficiently seems mere child's play, but is really very difficult. Practice alone gives skill in

this, and a very convenient dummy upon which to practice bandaging the upper or lower extremity is made from a pair of ladies' stockings and a pair of cotton gloves; cut the foot off one stocking and sew the glove in its place; stuff the stocking with saw-dust, sand or bran, and try your hand at bandaging the arm and leg thus improvised.

Most physicians carry a catheter with them constantly, but occasionally it happens that it is left—in changing the garments or otherwise—and is not at hand when needed. What can be done? A great many things! For example, one may improvise a very efficient male catheter from a piece of wire bent double on itself, the blunt end passing readily through the urethral tract to the bladder. The distension of the urethra by the wire will permit the urine to pass readily. A piece of straw, the end of it being closely wrapped with a fine thread, or dipped in melted sealing-wax, makes a female catheter not to be despised. The stem of a common clay pipe also answers a very good purpose, as do hollow flower stalks, such as dandelion-stems, or hollow sticks such as elder. Such crude substances, if well oiled, can be readily introduced. A serviceable catheter may be made by soaking a lead pencil in hot water until it can be split at the joint where it was put together in making, scooping out the lead, and fastening the two halves together again with a fine thread. A stick grooved on the outside will do just as well as a hollow one. A coarse cord wound spirally round a stick or pencil is a ready means of forming such grooves, for it matters not whether they are spiral or longitudinal. Even so simple a thing as a paper lamp lighter may be made to do very good service, if made from a strip of stiff paper tightly rolled spirally. The strip should be covered with paste before being rolled, so that when dry it will stick, and wound over a string which is to be afterward withdrawn, so as to make sure that the bore is open. Even a piece of maccaroni may answer for temporary use as a catheter. Whatever sort of a catheter is used care should be taken that no part of it remains in the bladder. It should be well oiled before being introduced. Vaseline is the best lubricant, but olive, or lard oil, will do, and failing anything better the yolk of an egg, or even soap, may be used, though the latter is rather hard on the urethral mucus membrane.

Oil is ruinous to rubber goods and will spoil rubber catheters in a short time. Other things being equal the better the lubricant the more useful will any catheter be. Even water is better than nothing to facilitate its passage.

The following list of "Things to Try," when the usual remedies are not at hand or fail, is recommended, and seems apropos. They enjoy a certain popularity in the non-medical world, and many possess more virtue than physicians like to concede, while the administration of some of them is certainly in accordance with rational therapeutics. Try pop-corn for nausea and vomiting of pregnancy; try sun-bath for rheumatism; try cranberry poultice for erysipelas; (we know that to be a capital remedy—Ed.) try lager beer as a gargle for sore throat; try swallowing the saliva when troubled with a sour stomach; try eating fresh radishes and yellow turnips for gravel; try eating onions and horse-radish to relieve dropsical swellings; try taking cod-liver-oil in tomato catsup if you want to make it palatable: try snuffing powdered borax up the nose for "cold in the head;" try hard cider—one glassful three times a day—for ague or rheumatism; try breathing the fumes of turpentine or carbolic acid to relieve whooping cough; try a cloth wrung out of cold water put about the neck at night, for sore throat; try planting sunflowers in your garden if you live in a malarial region and the travelling is bad.

VICARIOUS MENSTRUATION.

About a year since we had under care a young lady who was "the picture of health," but in whom the menses had been absent for about seven months, and who had periodical and profuse attacks of epistaxis which seemingly replaced and compensated for the suppressed secretion. Under appropriate hygienic measures and medication the flow was re-established, whereupon the nasal loss ceased. In no instance is the force of periodical habit better seen, than when hemorrhagic discharges take place from other organs than the uterus. It would seem as if each month a condition of general hyperæmia existed, to relieve which is the office of the menstrual flow, and when this waste-gate is closed the blood current seeks escape elsewhere. Trousseau says it is a happy provision that all the physiological blood discharges take place from mucus membranes, for they all

lead to external outlets, and if serous membranes were also liable to pour out blood it would be retained in closed sacs and inflammation from pressure would set up and imperil life. It is also a wise provision that when one organ is unable to perform its function another takes on increased action, apparently as a substitute for it, as the kidneys and skin, or when watery alvine evacuations occur as an attempt on the part of nature to get rid of urea and other obnoxious substances which are not eliminated through the usual channel. So when the uterus fails of its usual office, some other organ takes up the task for it, and thus maintains the balance. The Schneiderian membrane is by far the most frequent seat of vicarious menstruation, and therefore when epitaxis occurs in women suffering from amenorrhœa, it is to be regarded as a quasi-physiological process—as a safety-valve. Occasionally hemorrhage from the stomach supplants the ordinary menstrual discharge, though indeed it may supplement it, while the lungs, the rectum, the conjunctiva, the skin, various ulcers, etc., may be called upon to do similar duty.

Some curious instances of vicarious or ectopic menstruation have been reported at one time or another. Mason reports a case in which a large abrasion on the cheek was the seat of a bloody discharge; later when it healed, blood oozed from the skin of the face. Bassett relates a case of periodical discharges from the nipples; while Andrade speaks of a woman in whom the catamenia became replaced by bleeding from the gums and nose and the vomiting of blood. He observed blood to ooze from the healthy skin of the breast and forearm, and later from the forehead. These cases prove how intense is the effort of Nature to seek an outlet for blood. They seem to show great tension of the vascular system when the usual outlet is closed, and account for the frequent complaint of "things flying to the head," headache, vertigo, etc., which patients with amenorrhœa often make.

This subject was under discussion at a recent meeting of the Obstetrical Society of New York, and Dr. Garrigues related the following cases: One was that of a woman, 40 years of age, who had ceased to menstruate a year and a half before, since which time she had constantly had what she termed "milk in the breast." It consisted of a thick yellowish-white fluid, which on microscopical examination was found to be colostrum. He prescribed Carlsbad salt internally and belladonna locally. The second case was that of a woman, 47 years of age, in whom the menopause had taken place fifteen months before. In her case there was constant and profuse perspiration over the entire body. He again prescribed belladonna.

Dr. A. Jacobi had seen two cases of a discharge of milky fluid from the breasts after the menopause. In one it occurred in a woman about 70 years of age, who made no complaint, and therefore was not subjected to treatment. The other case was observed many years ago, and was taken for vicarious menstruation. The patient improved within six or eight weeks under the influence of cold locally and ergot internally. In that case there were very large fatty granules in the secretion as was also true of colostrum.

Dr. Perry had seen three cases of excessive perspiration following the change of life—all of them in unmarried women. He had considered it a neurosis and treated it by rest and regulated nutrition. Two of the patients quickly recovered. In the other case the trouble lingered for two or three years and was not removed until after a sea voyage.

Dr. Polk said that about three years ago a patient came under his care who had not menstruated for six months. The abdomen was enlarged, the breasts contained milk, and she supposed herself pregnant. The uterus was found to contain a fibroid tumor and no fœtus.

Dr. Garrigues referred to the sympathetic relation between the mammæ and the genitals, which was illustrated in the case of a virgin, both of whose breasts secreted milk for three or four days following a intra-uterine injection of a dilute solution of chloride of iron given to arrest hemorrhage from a fibroid.

Dr. Cleveland had seen a woman, 53 years of age, who since ceasing to menstruate at the 45th year, had had a monthly bloody discharge from the nipple. She had been under his observation for about two years, and he had considered the case one of vicarious menstruation.

The rational treatment consists of measures to diminish the vascular tension, and to re-establish the normal flow.

SLEEP AND SOUND SLEEPERS.

A CASE of supposed suicide which recently occurred in a quiet Connecticut village caused intense local interest. The person concerned was the victim of a curious disease—we know of no better name for it—which caused him to sleep for months at a time. When he awoke he was much depressed to know that he was the subject of such a strange malady, and it is thought that this led him to commit the rash act.

Sleep is nearly as great a puzzle as it ever was. Much has been learned concerning the bodily peculiarities manifested during this portion of our existence; but all whose opinions are best

worth listening to frankly admit that they are only on the threshhold of the subject as yet. Why, for instance, can some men maintain their bodily and mental vigor with so small an amount of sleep as falls to their share? Lord Brougham and many other great statesmen and persons of note are known to have been content with a marvelously small amount of sleep. Frederick the Great is said to have allowed himself only five hours; John Hunter, five hours; General Elliot, the hero of Gibraltar, four hours; while Wellington, during the Peninsula war, had still less.

On the other hand, how are we to account for the cormorant sleepers? Dr. Moivre, the mathematician, could—though it is to be hoped he did not—sleep twenty hours out of the twenty-four. Quinn, the actor, sometimes slept twenty-four hours at a stretch. Dr. Reid, the metaphysician, could so manage that one potent meal, followed by one long and sound sleep, would last him for two days. In the middle of the last century a young Frenchwoman at Toulouse had for six months or more fits of lengthened sleep varying from three to fifteen days each. About the same time a girl at Newcastle-on-Tyne slept fourteen weeks without waking, and the waking process occupied three days to complete it. Dr. Blanchet, of Paris, mentions the case of a lady who slept for twenty days together when she was about eighteen years of age, fifty when she was twenty, and later had nearly a whole year's sleep, from Easter Sunday, 1862, to March, 1863; during this long sleep, which physicians called hysterical coma, she was fed with milk and soup, one of her front teeth being extracted to obtain entrance to her mouth. Another very notable instance was that of Samuel Chilton Timsbury, recorded in the Transactions of the Royal Society. In the year 1694 he slept for a month and no one could wake him. Later in the same year he had a four months' sleep, from April 9th to August 7th; he awoke, dressed, and went out into the fields,—where he worked as a laborer—and found his companions reaping the wheat which he had helped to sow the day before his long nap; it was not until then that he knew of his sleep having exceeded the usual duration of a few hours. He went to sleep again on the 17th and did not awake again until November 19th, notwithstanding the vigorous application of hellebore and sal ammoniac to his nostrils, and bleeding to the extent of fourteen ounces. He woke, asked for bread and cheese, but went off to sleep again before it could be brought to him, taking another snooze which lasted until the end of January. It is not recorded that he had any more of these strange relapses after that. The mere contemplation of such cases is enough to make one sleepy.

There are instances of sleep so intensely deep as to deprive the

sleeper of all sense of pain. The records of the Infirmary in Bristol, England, furnish a striking illustration of this. One cold night a tramp lay down near a lime-kiln and went to sleep. One foot must have been close to the fire hole of the kiln, for during the night the foot and ankle were so completely burned away as to leave nothing but black cinder and calcined ash. He did not wake till the kiln man roused him next morning, nor did he know what had occurred until he looked down at his charred stump. He denied that he had taken any drug or liquor, and there was no evidence whatever that he was under the influence of either. He died some weeks later of gangrene.

PART OF THE PROGRAMME FOR THE NEXT NATIONAL.

We are indebted to Alexander Wilder, M. D., for the following list of appointments made, and information concerning the next National:

President Stratford has made his designations for Sections to sit during the next year's meeting of the National Association. He has reduced the number, for the evident purpose of enabling them to hold actual sessions and do substantial work. The designations and appointments are as follows:

Section A.—Public Hygiene, Medical Jurisprudence, Physiology, and Mental and Nervous Disorders. *Chairman*, Milbrey Green, M. D., 1 Columbus Square, Boston, Mass.; *Secretary*, William M. Durham, M. D., Atlanta, Georgia.

Section B.—Practice of Medicine, Materia Medica, and Medical Chemistry. *Chairman*, Albert Merrell, M. D., 2346 Chestnut Street, St. Louis, Missouri; *Secretary*, Wilson H. Davis, M. D., State and Madison Streets, Chicago. Illinois.

Section C.—Obstetrics, Gynæcology, and Genito-Urinary Diseases. *Chairman*, Milton Jay, M. D., 513 State Street, Chicago, Illinois; *Secretary*, William F. Curryer, M. D., Thorntown, Indiana.

Section D.—Surgery, Anatomy and Clinical Surgery. *Chairman*, L. E. Russell, M. D., Springfield, Ohio; *Secretary*, Robert A. Reid, M. D., Newton, Mass.

Section E.—Otology, Ophthalmology and Laryngology. *Chairman*, D. A. Cashman, M. D., 243 State Street, Chicago, Illinois; *Secretary*, Lemon T. Beam, M. D., Johnstown, Penn.

The Announcement will be issued at an early day. The Twelfth Volume of Transactions is in press, with the promise of the printer to issue it early. Copies will be sent by express to

all whose dues are paid, and who have duly informed the Secretary, of their change of address. It will be a volume as large as the average among its predecessors and contain about forty papers. All whose papers are due will do well to hurry to completion. Members desiring to treat a particular topic for the next session will please inform the Secretary of the Association, or at least an officer of a distinctive Section.

The President is a working practitioner and desires to make a good showing in whatever relates to the physician's vocation. He who lives by a profession should live for it. It is the aim of the National Association to maintain organized co-operation between physicians, for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine. Personal rivalries, interested ends, and fantastic display are out of place, and it is desirable that they be kept in the back ground. The working programme will be ample for the ambition of any worthy individual. The cause is everything; individuals subordinate.

AN APOLOGY.

THROUGH some error which we are unable to understand or explain, the paper on Cystitis, which appeared in our August issue, was credited to Dr. Abel Wares, of Haverhill. Dr. H. D. West, of Southbridge, was the author of it, and the credit should have been given to him. We regret the error, and trust it, or the like, will not occur again.

WE were also much mortified at the large number of typographical errors which appeared in our last issue, especially on the editorial pages. They were largely due to the fact that just at the time of going to press we were called suddenly to an adjoining State by the fatal illness of a brother, and were therefore unable to give the proof careful reading.

PERSONALS, BRIEFS, ITEMS, ETC.

Alexander Wilder, M. D., Secretary of the National Association, informs us that Volume XII. of the *Transactions* is in press and is to be out before the holidays.——*The clockmaker's favorite remedy* is said to be strichnine—strike nine, see?——*We desire to call* special attention to *Farr's Improved Flexible Uterine Supporter*. The invention is in perfect accord

with an exact theory of uterine support, and we have reason to know that it is in every way a success. Being supplied with elastic belts and adjustable pads, it is not only efficient as a support but perfectly easy, which is more than can be said of most devices for the same purpose. It does not in the least distend the vagina, and is therefore not open to the same objection that applies to most pessaries. Beside giving support to the natural uterine supports, so that they may recover themselves, it so conforms and yields to the varying position of the body as to give perfect ease, whether sitting or stooping, and does not interfere with nature's necessities. It is also easy of adjustment, and the physician need not fear that he will be called in haste to remove or readjust it, as is often the case, since the patient can manage it for herself. Beyond question it is a good thing.———*If you want to make* iodide of potassium palatable, put it in syrup of currents.———*Mrs. H. Pullman*, living near Eureka, Mo., recently gave birth to four children—all boys—at a birth. She had previously borne triplets, and her husband may well look forward to her next pregnancy with interest.———*In his article on Pelvic Peritonitis*, this issue, Dr. Miles speaks of the benefit derived by his patient from the use of Maltine. This concentrated extract of malted barley, wheat and oats maintains its high reputation, notwithstanding its many rivals. It may be had plain, or combined with tonics or alteratives, and we have found happy and most beneficial effects from some of the latter combinations. Prof. Chittenden, of Yale, reports as the result of experiments, that Maltine far exceeds the other preparations of malt in its power to convert starch into sugar. The manufacturers will send a pound bottle for trial free.———*According to the London Times*, the treatment of cholera at Toulon and Marseilles has been about as follows: In the first stage, 20 drops of laudanum with 3 grammes of ether, and ice to stop the vomiting; in the second stage 10 to 15 grammes of acetate of ammonia, the same quantity of alcohol, and a hypodermic of morphia, were given. If great dyspnœa, oxygen was inhaled and the limbs were rubbed with turpentine. No wonder the mortality was great. The *Medical Record* facetiously adds to the above, that the coffin was the third stage.———*Dr. French defines life* as Can—Can Can—Can't.———*Dr. Boxall reports* a case of labor arrested by rigor mortis of the fœtus.———*Despite the various remedies* which at different times have been supposed to exert a specific curative influence over phthisis, there is no remedy or combination of drugs known that removes the tuberculous cachexia. This is not saying, however, that medicines are not useful, but it should be clearly understood that far more reliance is to be placed on

hygienic and dietetic measures. The one object above all others is to nourish the body to the fullest possible extent, and if one may believe what they see, Murdock's Liquid Food is most useful in this direction. We have notes, which we intend sometime to publish, of an interesting case of empyema, seen a year or more ago, which threatened to perforate the thoracic walls, in which this food seemed speedily to stay the downward tendency of the disease, and contributed very much to recovery, which before had seemed to us hopeless. This food is of the greatest value in any of the wasting forms of disease, whether in the infant or adult, and is admirably suited to patients on the down grade of life.———*A certain professor*, after having learnedly lectured to a class on the remarkable tendency to consumption of those who play on wind instruments, turned to the patient, who had said he belonged to a band, and asked him what instrument he played. "I blays der drum," said the sick man.

RECEIPTS.

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during July and August:

J. W. Johnson 1, C. H. Henry 1, D. E. Southgate 1, N. T. Betts 1, M. S. Russell 1, T. R. Alcott 2, G. S. Cleaveland 1, C. H. Landon 1, W. L. Linder 1, R. McDermott 1, H. S. Harwood 1, T. F. Harrington 1, F. E. French 1, M. W. Ellis 1, N. Stiles 1, B. R. Rolfe 1, E. Waterbury 1, N. Putnam 1, G. N. Chaffee 1, S. S. Dodge 1, D. C. Rodgers 1, R. C. Cook 1, S. T. Turner 1, D. W. Harvey 1, A. W. Norton 1, C. C. Coles 1, G. Kahn 1, W. D. Learned 1, C. H. Knight 1, R. P. Burrell 1, L. O. Lossinger 1, F. T. Barber 1, J. Parton 1, G. S. Thayer 2, H. Bushnell 1, D. E. Goodwin 1, N. W. Hutchinson 1, S. E. Rollins 1, G. Stiles 1, W. R. Robinson 1, W. A. Ward 1, M. Paine 1, C. A. Walworth 1, E. Hanson 1, J. L. Foote 1, R. P. Wardlow 1, Geo. Mundie 1, M. C. Buckley 1, W. G. Bailey 1, M. J. Durgin 1, F. E. Gibbon 1, C. H. Durant 1, T. P. Williams 1, H. D. McGill 1, P. J. Reynolds 1, R. Rumway 1, A. E. Adams 1, H. C Allen 1, M. A. P. Drake 1.

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Gelatin-Coated Pills.

We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to essay Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

2. The Preparation of the Pill Mass.

Our appliances for the preparation of the pill-mass ensures the most perfect distribution of its constituents. Being conducted by means of mixing pans and rollers run by machinery, this part of the process of manufacture is infinitely superior in its results to anything that could be done by hand.

3. Methods of Manufacture.

Our pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

4. Strict Conformity to Formula.

We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

5. Permanent Softness and Solubility of the Pill Mass.

In this important feature our long and extensive experience has enabled us to achieve results which are probably attained by no other manufacturer. The excipient is adapted in each instance to the nature of the ingredients, no uniform excipient being employed, as is the usual custom.

6. Preservation of the Drug.

A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our pills the nature of the excipient and the coating, is strongly preservative of the ingredients. As a test we invite an examination of our phosphorus pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

7. Solubility of the Coating.

We employ only the best quality of gelatin and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our pills will be found to dissolve as readily as gelatine itself, under parallel circumstances.

Having thus indicated the special features of our pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatin-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

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Manufacturing Chemists, - DETROIT, MICH.

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Urinary Test Papers.

A set of chemical reagents which can be carried in the vest pocket, and comprehending tests for all the important morbid conditions of the urine, is something which may in truth be said to supply a want long felt by the physician. Such a set of reagents we offer in these test papers. Slips of bibulous paper are charged with the several reagents and these are neatly arranged in the case with full directions for use. The reagents include:

1. Litmus paper (neutral).
2. Copper test for sugar, practically the same as Fehling's solution.
3. Picric acid, employed in connection with sodium carbonate as a test for sugar; in connection with citric acid it is an extremely delicate indication for albumen.
4. Sodium carbonate, used as just mentioned.
5. Citric acid, employed in testing for albumen in connection with the three following reagents:
6. Potassium ferrocyanide.
7. Potassio-mercuric iodide.
8. Sodium tungstate.

Finally the citric acid paper may be used in connection with common salt as a reagent of extraordinary delicacy in testing for albumen. As an additional test for sugar, the physician may use, from his pocket medicine case, a little sub-nitrate or sub-carbonate of bismuth, in connection with sodium carbonate. For albumen, he will of course always employ the test by heat, in addition to the precipitation tests.

Thus he will be provided with the means of making in the sick-room a very complete examination, for clinical purposes, of any specimen of urine suspected to be abnormal. The idea of these bedside tests originated with Dr. G. Oliver, of Harrowgate, Eng. Dr. C. W. Purdy, in an article in the *Journal of the American Medical Association* (Jan. 19, 1884), mentions especially the sodium tungstate and potassio-mercuric iodide as valuable additions to our list of urinary reagents, and recommends the test papers as of great value in enabling the physician to make preliminary tests at the bedside of the patient.

These Urinary Test Papers are put up in convenient vest-pocket cases, containing a supply of the above reagents with directions for their use at the bedside of the patient. PRICE PER CASE.....50 cts.

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AND

WASTING DISEASES

HYDROLEINE

(HYDRATED OIL.)

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA.

Each Dose of Two Tablespoonfuls equal to 120 Drops, contains:

Pure Cod Liver Oil	80 m. (drops)
Distilled Water	35 "
Soluble Pancreatin	5 Grains.
Soda	⅓ "
Boric Acid	¼ "
Hyocholic Acid	1/20 "

DOSE:

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

Hydroleine (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

Sold at all Drug Stores at $1.00 per Bottle.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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FLUID EXTRACTS,

OR NORMAL TINCTURES.

THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	- - - - -	2 1-2 gr.	to 1 oz.
" " " Hot Water,	- - - - -	12	" 1 oz.
" " " Alcohol,	- - - - -	3-4	" 1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
Podophyllin, - - - - - - - 1.20 gr. }

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of tnis salt.

Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium—Merrell.

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Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

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MELLIN'S FOOD is the only perfect substitute for Mother's Milk.

MELLIN'S FOOD is the most nourishing diet for invalids and nursing mothers.

MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

MELLIN'S FOOD requires no cooking.

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MELLIN'S FOOD is not farinaceous.

MELLIN'S FOOD is rich in bone and teeth making elements.

MELLIN'S FOOD is the best food for sick infants.

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MELLIN'S FOOD is endorsed by physicians.

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Further information and catalogues may be obtained by addressing George W. Boskowitz, M. D.. Dean, or Thomas G, Fay, Clerk, Eclectic Medical College, 1 Livingston Place, New York.

PNEUMATIC ASPIRATION.

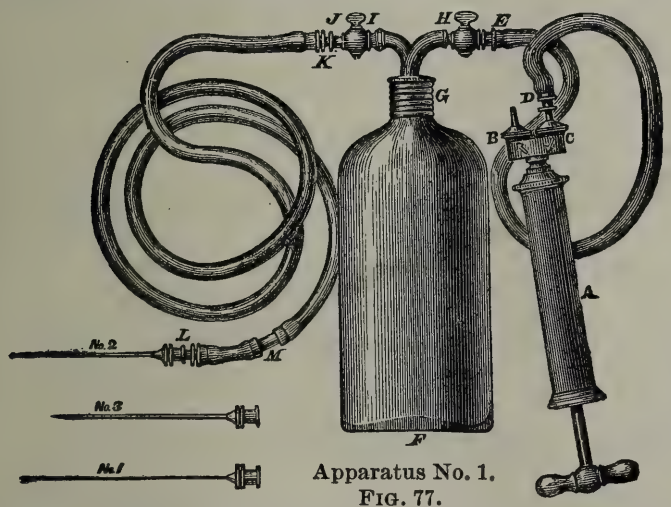
AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.

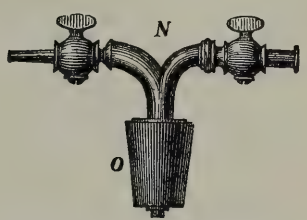


FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healhy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condeused air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condencing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)... ..... ***$16.00***

No. 2. The same, without receiver and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... ***$14.00***

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents) ***$6 00***

ALSO, ***Dieulafoy on Pneumatic Aspiration,*** post-paid, by mail, on receipt of ***$3.40***

☞FULL DESCRIPTION ON APPLICATION.

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THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

Each Ounce of Powder represents 10 *ounces of Beef, Wheat and Milk.*

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

BEEF PEPTONOIDS

IN

CHOLERA INFANTUM

will be found superior to all foods. Ten per cent. of the Beef is peptonized, which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

DR. STUTZER, *Bonn, Germany.*

Director of the Imperial Chemical Laboratory for Rhenish Prussia.

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a *complete food,* consisting of 95 per cent. of assimilable solids of the most nutritious character."

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Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

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Very respectfully,

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☞In corresponding with Advertisers, please be sure and mention this Journal.

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(Extract Malted Barley, Wheat, and Oats.)

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Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M. D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—"'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M. D., F.C.S., University, Mich.:

Jan. 7, 1884.—"'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M. D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesses donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

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NOVEMBER 23, 1883.

Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of 70 Beds, Organized May, 1883.

Our First Death and Its Cause: A Letter from the Physician who Attended Her.

BOSTON, October 22, 1883.

DEAR SIR.—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base, and behind, in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food. I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am, Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severy labor, causing laceration of the mouth of the womb, and other injnries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weaks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pound in flesh.

Miss T., aged 24 years, In health weighed 140 lbs. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sack. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage tube was put in, and the the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1783, weighing only 80½ lbs., having lost 60 lbs. of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, ¾ tube reduced the same per cent., and has been relieved of constipation. Her spirits revived and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., Oct., 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength and spirits.

Mrs. O., for four to five months was unable to retain any food exeept four to five ounces of milk daily, with lime water; her weight reduced in one year fifty-five pounds: suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the Hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed: has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q., four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs ¼ to ⅜ inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had nad monthly a thribble flow of water, and for the last month also past about one-half tumbler of soft lime-stones not from the bladder. She has been in the hospital three months, and has taken daily four table-spoonfuls of Liquid Food, *but no medicine.* Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment for uterine hemorrhages and extreme nervous debility by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been one hundred and sixty pounds, but her sufferings soon brought her weight to one hundred and twenty pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

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—o—

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TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo-hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
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"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

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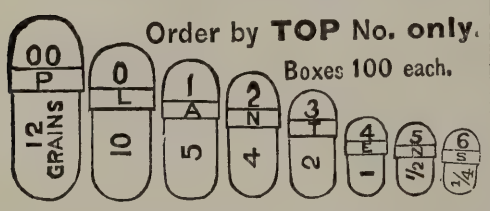
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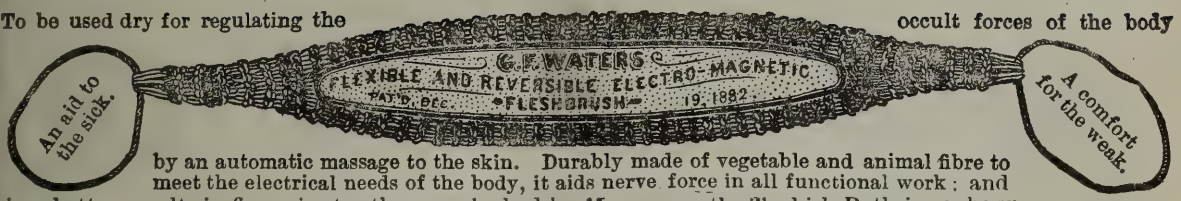
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by an automatic massage to the skin. Durably made of vegetable and animal fibre to meet the electrical needs of the body, it aids nerve force in all functional work; and gives better results in five minutes than can be had by Massage or the Turkish Bath in an hour.

J. B. M., a Boston publisher, after two months use, said:—"Your brush is going to make my fortune. It will save me $50 a year in bath tickets, and *more than fifty hours time.* My skin is cleaner and I feel better than when I took the baths once a week."

Miss E. J., a Boston school teacher, supposed to be in the last stages of tuberculosis when she began, August 1st, 1883, the use of this flesh brush, after two months experience, wrote:—"I am using your brush twice a day. I am sure it is doing me good. My skin is in splendid condition. I feel well, and am increasing my avoirdupois," After four months more experience from its use she said:—"I like it very much indeed, I feel perfectly well, and I am heavier now than I have ever been. I would not be without it for anything. I would rather buy one every year. I've not had a cough nor a cold since I began to use it."

Wm. H. W., M. D., Dorchester, Mass., after four months use in a "trying time of the year," said:—"It's a good thing, I have not been so free from rheumatism for years as since I have been using it. I had previously tried all the various remedies, including massage, without any amelioration of the trouble."

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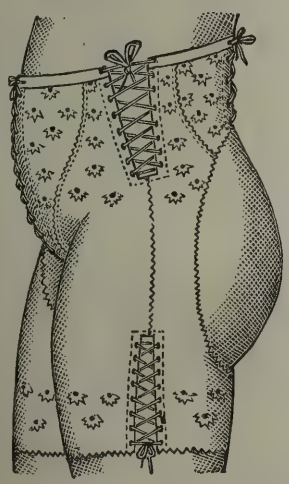
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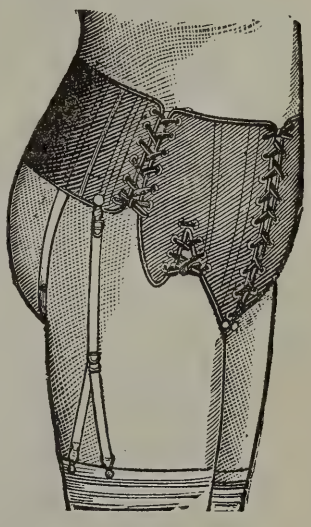
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Measurement must be accurate to insure perfect fit.

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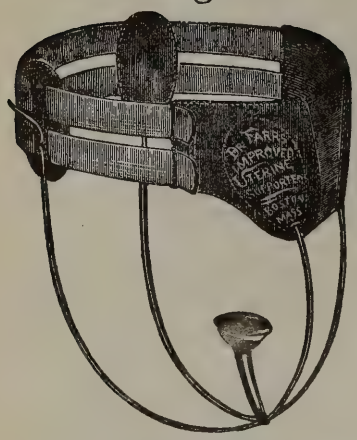
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Fig 1.



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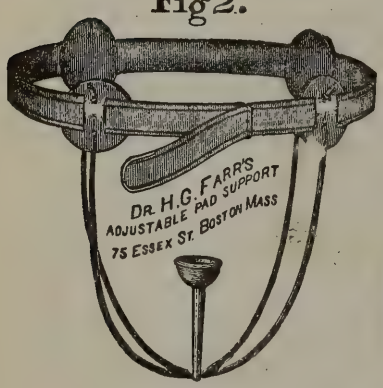
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SOLD BY ALL DRUGGISTS.

Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups, Nos. 1, 2 and 3. Two length Stems, $2\frac{3}{4}$ and 3 inch.

Fig 2.



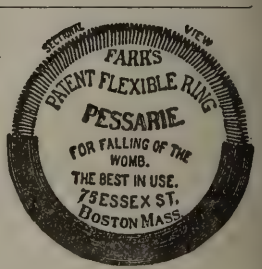
The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
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Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2.	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



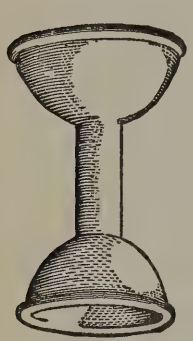
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, $2\frac{1}{4}$-inch outside diameter.
No. 4, $2\frac{1}{2}$-inch outside diameter.
No. 5, $2\frac{3}{4}$-inch outside diameter.
No. 6, 3-inch outside diameter.
No. 7, $3\frac{1}{4}$-inch outside diameter.

Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

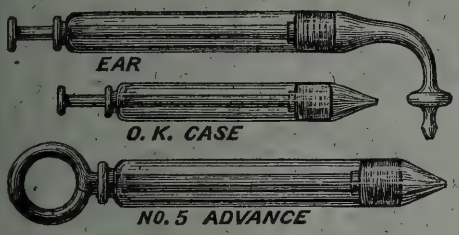
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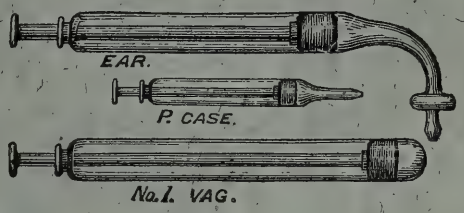


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

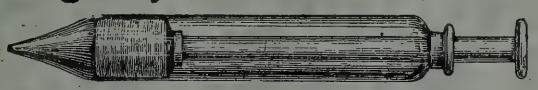
I make three sizes of cups, viz.:—Small, 1 1-2 inches; Medium, 1 3-4 inches; Large, 2 inches. Three lengths stem, Short, Medium and Long. Price to Physicians, $2.00 each.

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Acknowledged by all to be the best in the world.



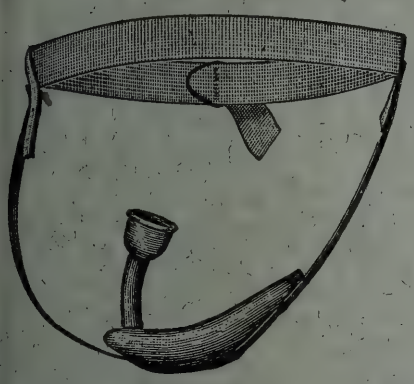
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P. J. McELROY, Practical Glass Blower,
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Each and every syringe has on it my Red Label, with name and address.
ALL OTHERS ARE WORTHLESS IMITATIONS.

FIG. 1.



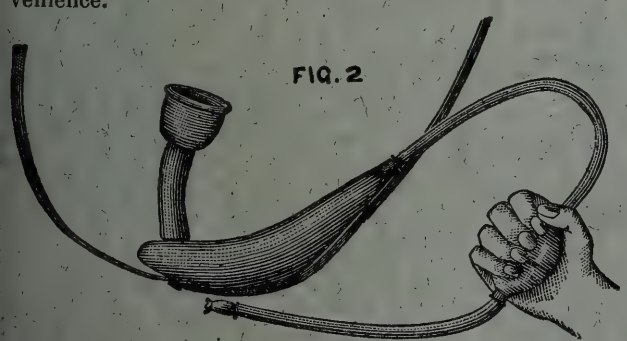
FARR'S PATENT
Ladies' Menstrual Receptacle.

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This is the only Menstrual Receptacle in use, and is the grandest invention for the convenience and cleanliness of ladies. It gives entire satisfaction in all cases. No lady can afford to be without one. Its use is indispensable whether travelling or at home, and can be worn from the commencement of the menstrual period until its close.

By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.

FIG. 2



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing. the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

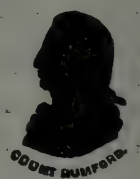
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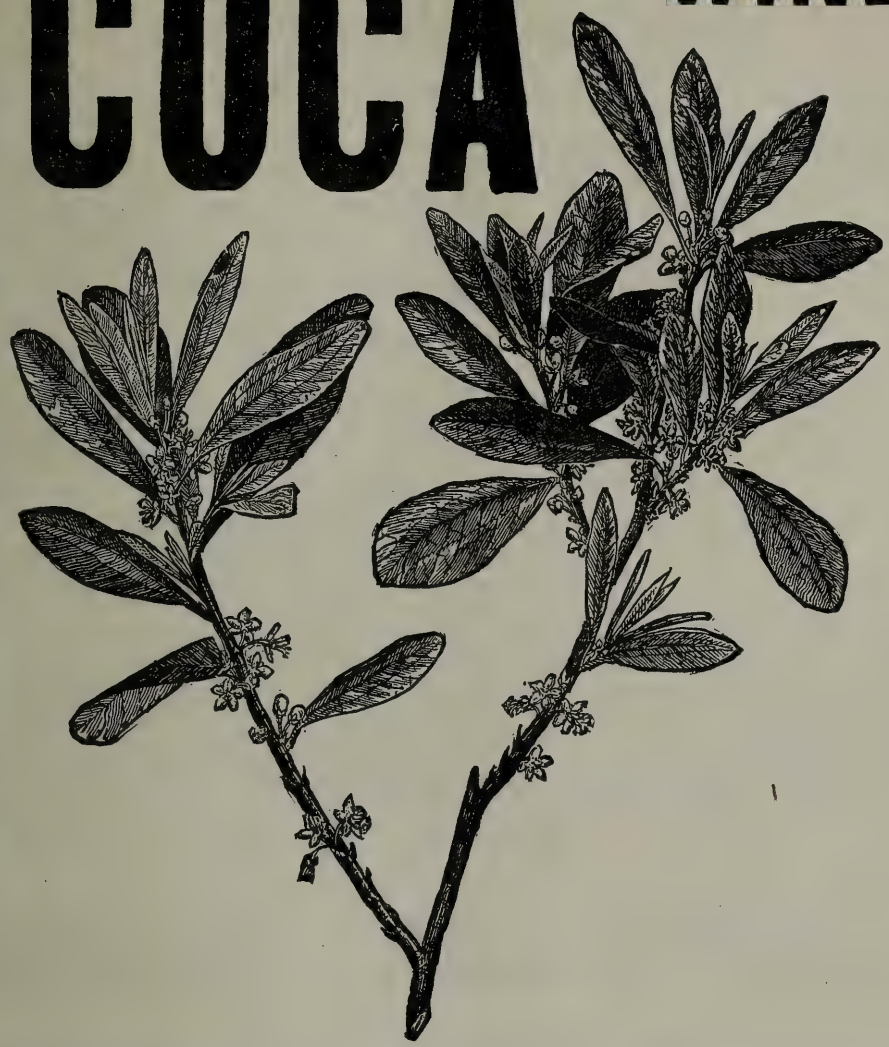
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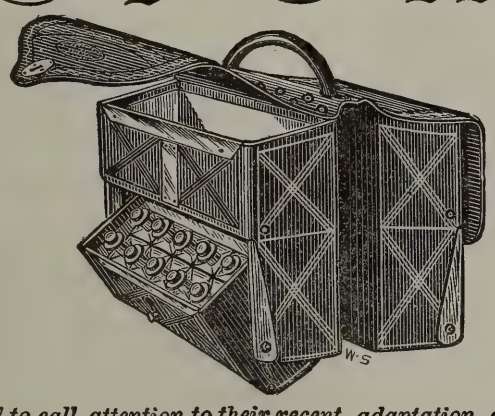
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ECLECTIC MEDICAL JOURNAL.

VOL. 4. BOSTON, OCTOBER, 1884. NO. 10.

ORIGINAL COMMUNICATIONS.

ANNUAL ADDRESS BEFORE THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

BY EDWIN YOUNKIN, M. D., PRESIDENT.

Gentlemen and Fellows of the National Eclectic Medical Association:

We convene to-day in our Fourteenth Annual Re-union, feeling that this organization is grand in the simplicity and unanimity of its objects. We come together not as politicians, not as a company of men engaged in mercantile pursuits; not as a mechanical association or trades union; not for pecuniary advantage, popular applause, or personal fame; but animated by the spirit of progress, we assemble as philanthropists, as benefactors of the human race, bearing the banner of the noblest of professions—the true healing art.

We come to cultivate and cherish a congenial, benevolent and fraternal spirit; to extend the hand of professional greeting; to stimulate each other to scientific and professional research; to invite new investigation into the hidden and complex things of our art.

I love to look upon these annual gatherings as seasons of furlough, when no rude calls to boots and spurs disturb our repose. I love to feel the stay of united strength as we fall into line and stand shoulder to shoulder. This yearly pilgrimage has become

an event of significant and absorbing interest to our branch of the medical profession.

The history of this National Association is one of steady growth. Physicians of liberal mind—of strong intellect and energy, are feeling that it is not only a matter of privilege but of necessity to be identified with it. Our membership is annually increasing, our influence is constantly extending, our power is augmenting, our responsibilities are enlarging, our doctrines are diffusing, and public sentiment is growing in our favor. There never was a time in the history of medicine more auspicious than the present; never an age that promised more for independent medicine; never a period when united effort and organized work were in greater demand than now.

The development of our strength is particularly seen throughout the southern and western states. Kentucky, Georgia, and Arkansas have within the last few years organized state societies. Alabama has recently started off with a vigorous organization. Texas and Tennessee are rousing to the work, and we hope to hear from other states at this meeting.

From the East the reports are not so flattering. In New England, Massachusetts and Connecticut are holding the fort. We have men from these states who are always on hand at our annual gatherings. They are here with helping hands and working ability, a fact that accounts for home prosperity. There is no society in Rhode Island nor in New Hampshire.

Maine and Vermont have each a society, but hitherto they have done little in our national body toward sustaining the proper relationship with the central organization. New York, once the moral force of Eclecticism, is less efficient than in former times. I learn that the state society is not as well attended and has not the moral strength that it once had. The local societies are fewer in number and are less efficient.

New Jersey maintains herself with a zeal and force worthy of the cause. She has a small but vigorous organization. Pennsylvania has a state society and five auxiliaries. The evil effects of the Philadelphia colleges are still felt there. It is the stronghold of allopathy, and the legislature, like that of New York, is usually overborne by allopathic intrigue which has for its object the exclusion of Eclectic physicians.

The states of Ohio, Michigan, Indiana, Illinois, Iowa, Missouri, Kansas and Nebraska are too well known to require extended notice. They are all active in local and state organizations.

Nebraska boasts of having placed Eclecticism on a recognized political basis by having a department in her State University. Whether state government ought to engage in such enterprises, may by some, be called in question, but when it does, there is no doubt that as a matter of principle and of public policy the Eclectic School should share whatever advantages or disadvantages may accrue therefrom.

In Wisconsin and Minnesota the state societies are struggling for existence; not for the want of men of our faith, but because they have not, as yet, been fully aroused to the importance of organized work. In some counties there yet remains the "go-as-you-please" element.

We are sometimes made to fear the oppression due to legislative enactments, but it may be carefully noted and confidentially stated, that *legislation, political intrigue, and proscription are powerless where members of the Eclectic School are fully and harmoniously organized.* Organization is the bulwark of defense. With Eclectic truth well directed and our men well organized, one can chase a thousand, and two put ten thousand to flight. It is only where there is no concert of action that we have reason to fear.

Mr. Call, of Florida, introduced into the Senate of the United States during its last session, a bill, the object of which is to establish a National Medical University, in which, for scientific advancement and in justice to all, there is to be a department for Eclectic Medicine. This measure may never become a law, and of course it will not so long as Old Physic can prevent it, but straws show which way the wind blows. What we need is that Congress shall move for a change in the order of things, so that there will be a uniform law for all the land and all the schools of medicine, so that what is right in one state is right in all the states, and what is wrong in one state is wrong in all. As Talmage says, in speaking of marriage, "Let Congress through a committee, prepare a law on the subject which will cover every thing from Sandy Hook to Golden Horn."

We have been derelict in not demanding our rights. We should *insist* upon having our share of public and political stations. We want our proportion of the public wards in city and state hospitals, and our rights should be made known in all civil and military fields. I speak my own sentiments when I say that I do not believe it to be the best policy for us to oppose State Boards of Health. A better plan is to plead for them, and defend all reasonable measures, demanding our share of representation on these Boards.

Medicine cannot approach to anything like science so long as her votaries are trammeled. Investigation must be free and open. The radical sin of allopathy is selfishness. We are accused of holding to "exclusive dogmas and sectarian names.." For these we are called "irregular." In the annual address of the late President of the American Medical Association, we have these words: "At the time when the code of ethics was adopted the great majority of irregular practitioners were men who not only based their practice on an exclusive dogma, but made no concealment of their rejection of the aids actually furnished by anatomy, physiology, pathology, and animal chemistry." "But," says President Flint, "the language of the article which applied well enough to most of the irregular practitioners at that time is not so applicable to those of a late date." Again, he says, "It is not affirmed in the wording of the code, that holding an exclusive dogma is in itself sufficient for a practitioner to be considered as irregular." This was a very lucky thought of the venerable President, and its cunning is apparent when we read his next sentence: "Exclusive dogmas have prevailed to a greater or less extent, in past time among members of the *regular* medical profession."

When the President of the American Medical Association penned the above lines, his mind was resting upon the great dogmas of the code, and he dared not say that "exclusive dogmas" constituted "irregularity." He saw full well that no dogma was more exclusive than that part of the code which reads, "A *regular* medical education furnishes *the only* presumptive evidence of professional abilities." He knew full well that *it has been, from the beginning, their public policy to refuse*

all notice of scientific discovery in every department of knowledge, if made by an Eclectic. He knew too, that his own association was proscriptive enough to invite, even one of their own school to discuss a scientific subject, as it did Dr. Allan McLane Hamilton, and in the next breath politely inform him that he would be refused the privilege of participating in the discussion because he favored the new code. At the bar of public opinion may we not ask: Where are the exclusive dogmas and by whom are they cherished? But, says the President of the American Medical Association, it is the "assumption of a distinctive name" that constitutes an irregular practitioner. Let us then pause for a moment and consider this. We are *Eclectic.* Eclectic means to choose; to choose therefore is irregular. The allopathic logic is, that distinctive names are irregular. The name Eclectic is distinctive, therefore Eclectics are irregulars. The term "regular" is distinctive also, therefore regulars are also "irregular." Thus it appears that the term regular, used as it is, is a misnomer, and carries with it one of the greatest of falsehoods, for the class who call themselves regular are more irregular than those who bear that name as a title of reproach. We desire to set ourselves right on these points in the uttering of one sentence. *We plead for union in medicine, by the abolition of all dogmas and the exclusion of all narrow titles.*

In our judgment, we, as a school of practitioners, are just assuming proportions. We are emerging from the Silurian period of our history and entering upon a more prosperous and scientific career. Our influence must now be felt in organized work. We cannot afford to be robbed of our doctrines, our discoveries, our medicinal agents, our instruments, and have them appropriated without credit, without a vigorous protest. We demand the honor due from good accomplished; we must break the bands of oppression and plant the standard of an unfettered practice high upon the pinnacle of the temple of medicine. But there is one important lesson to learn; *the minority school can never afford to be as ignorant as the majority.* Whatever short-comings we may have they are certain to be blazoned abroad. If we commit indiscretions, fall into error, or if there is a shadow of suspicion against us, there is a general

chuckle of exultation and a clamor about the ignorance of irregulars, while it is notorious that gross ignorance and fraud exist and are winked at in the ranks of the "regular" school, in witness whereof we have the comments of their own journals concerning the scandalous conduct of members at a recent meeting. Although we are in the minority we are not ready to admit that we are a lower order of beings, but we shall be what we make of ourselves, and not what others would have us.

The dominant school of medicine stands before us to-day with a broken back. It is split up into many factions; its power is waning and its body is totally demoralized. A yoke is upon the necks of its votaries which is grievous to be borne They vote for the old code, but privately they violate and ignore it.

We are independent of this code. It has no power over us. It carries no marks of a scientific criteria; its anathemas we do not fear; its fruits we care not to reap. We choose to direct our conduct by "whatsoever things are true, whatsoever things are just, whatsoever things are honest, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report." We may as well take a fair inventory of our interests as a school of medicine and as a national body. We must look matters squarely in the face and not plead indifference to our own interests. *No positions of inferiority should be assumed.* No grounds should be taken that will lessen our influence. We must seek the higher altitudes and take no professional position but that which is honest, bow to no code that is not just, and pursue no course which is not of good report.

For the last few years our greatest dangers have been from within; our ideas of law are that a few general principles should govern all, but our ideas of liberty have been, by some, construed into a kind of medical licentiousness. I take it that *no individual can do anything, which if done by all the members, would prove disastrous to the body.* "It is necessary," says Roberts, "to restrain the individual somewhat, as the right of an individual in any community, to do what he pleases, is incompatible with the interests of the whole. Where there is no law, but every man does what is right in his own eyes, there is the least of real liberty." The above is true, and I believe it is for

this association to take the initiative in these matters, and give tone and coloring to professional conduct. That conduct that should characterize and ennoble the true medical man. It is not my purpose to assume the role of teacher upon any particular topic, but I desire to occupy the more humble position—a suggestor.

Our growth and development in the future must rest upon our own literature. Already we have a liberal supply of text-books. We are indebted to the indefatigable labors of King, Jones, Howe, Scudder, Clark, and others, who have contributed much toward the well-being of our school of practice.

The *New Digest of Materia Medica*, the culmination of a movement set on foot by this association, will in turn accomplish much toward establishing our practice.

The *Transactions* of this association are alone, assuming proportions, and the bound volumes as a whole speak well of us as a body, and bear witness of the untiring zeal of our worthy Secretary. If in the future some provision could be made for a wider distribution of these *Transactions*, it would be a healthy element of influence,

Our medical journals are about fifteen in number. It is a question whether so many are needed, but the question of existence must be based upon the "survival of the fittest." Many of these periodicals are of a high character, and it is of the greatest importance that they shall be conducted with ability.

Upon the subject of medical colleges, I desire to express myself plainly, and without favor or prejudice. The time has arrived when this organization must take the control, to a very large extent, of our medical colleges. State Boards of Health are looking to this body, and to our action, as an index to recognition, and it is for us to say who are of us, and who are not. The Committee on Colleges should be wise and prudent men; they should exercise great discretion, and while they should be careful not to work an injustice to those who honestly seek to merit recognition, they should also feel that the prime object is the good of the profession, and that it is essential that all unworthy institutions be excluded and discountenanced. Let it be understood that it is not the office of this association to revive

dead colleges, to blot out bad records, or to confer recognition for *future* or *prospective* goodness. We want the evidences of an honorable career *now*. The tendency of this will be to check such individual aspirations as would otherwise culminate in shame and disgrace. Farther than this, in order that *we may have uniformity in the requirements for matriculation and graduation*, there should be a standard established to which all must conform. I do not mean the reiteration of resolutions as to what *ought* to be done, but what *must* be done. Neither do we want anything operating as a kind of "silent thunder." It is not to be expected that all desirable improvements will be effected at once, but let it be understood that our tendency is distinctly in this direction.

It has not often been regarded as necessary to draw the line of discipline. I do not know whether to regard this as a favorable or an unfortunate fact. Our custom is to allow a very large liberty of conscience, and the boundary line between right and wrong is, in many cases, not very clearly defined. The Committee on Credentials should guard the gate, exercising due care in their recommendations. The members of this committee should not be encumbered with other matters. All charges, violations of law, etiquette and breaches of comity are unpleasant things. When such things are submitted to the general meeting they are apt to culminate in bitterness, dissatisfaction and wrangle. The place for the adjustment of such matters is before a committee appointed to hear them. I would suggest therefore, that a Committee on Grievances be selected, so that the Credential Committee be not encumbered. This committee should be chosen in a way satisfactory to the parties concerned. If any member of said committee is objectionable, he should not be allowed to remain on the Board. During my administration, I shall insist that such topics shall not be discussed before the general association, and I ask the co-operation of all the members in carrying out this measure.

The constitution of this body very wisely identifies this organization with the local and state societies. Hence there should be a uniform standard and relationship between us. Now it appears to me to be a flagrant breach of comity for a local or

state society to retain on its roll of membership anyone who has been expelled from the national body. No state or local society can afford this, and if it does retain such person after being notified of the fact, officially, its credit materially deteriorates and it should not be regarded as in good standing with this association. It is also the duty of members of our central organization to preserve their membership with auxiliary societies. The rule must work both ways, and thus we will be enabled to exert a stronger influence toward proper discipline.

For improper conduct or violations of professional comity the penalties are, official censure, invitation to withdraw, or expulsion. It is probable that in our haste we are inclined to expel when an official censure would be the best course, and thus have reprieve. Again, when a member is expelled is there no way for him to return? My early piety has impressed me that

"While the lamp holds out to burn,
The vilest sinner may return."

We are not here as an organized tribunal to doom to an irrevokable fate, nor to gratify the wrath of individuals, but for the good of all, and for the honor of that profession which should be guarded with chivalry and discretion.

This association at its last meeting adopted a by-law providing for the election of honorary members. These, however, were in all cases to be from foreign countries. Would it not be well to consider some similar provision for other meritorious cases? For instance, certain of our members are growing old; the expense of holding membership, under such circumstances, sometimes becomes onerous. Undesirable as it may be, they are compelled to cease their attendance and to stop their dues, thus allowing their names to be dropped from the roll. They go out of the association as delinquent members and are compelled to feel more or less of humiliation in being thus dropped. Now this ought not so to be. We cannot afford to lose such men, even though their time for active service is past. We want the good will and sympathy of every member as long as he lives.

I would therefore suggest that a rule be adopted by which every member, after a prescribed number of years, may at his request be placed on the retired list, which signifies that he shall

not be required to pay dues, and still be entitled to all the rights and privileges of a member as before. Thus our strength will be crowned with hoary heads and our power increased.

In conclusion, gentlemen, allow me to thank you for your presence at this meeting, and for the aid you have given me throughout my administration. You have all been, thus far disposed to aid me in my humble efforts as the chief executive of this body. I have done the best I could, it is for you to say how well. I trust that each has come prepared to accomplish the work assigned him. I trust also that your discussions will be tempered by that spirit of moderation and mutual courtesy which should ever be observed by gentlemen. It is my earnest desire that this meeting shall be as harmonious, interesting and profitable as those preceding it.

Above your heads the thick clouds are breaking and the sunlight of truth will shine through the rift. Again, in the name of this association, I welcome you and thank you.

A STRICTURE OF THE ŒSOPHAGUS.

BY G. E. ROGERS, M.D., READING, PENN.

HISTORY OF THE CASE.

I FIRST visited the patient, an old man æt. 76 years, on the 6th of January. Found him much depleted in every way, and suffering much pain in the region of the heart, also in the epigastrium, together with pain and dullness in right hypochondriac region. He had no appetite; his appearance was haggard and he was wasting much in flesh.

For the heart I gave minimum doses of the following:

℞. Tinct. verat. vir.
Syr. scillæ, aa. f ʒ j. M.

For the stomach:

℞. Pepsin,
Cretæ prep., aa. gr. v.

And for the liver I gave pills of the following:

℞. Ext. taraxaci,
Pulv. podophyl, aa. gr. ij. M.

Sig.—One morning and evening.

I did not see the patient for some ten days, when I found the heart to be normal in its action; the pain in the right hypochondriac to be much lessened; but the pain and symptoms at the epigastric region to be worse. I then made a closer examination in that part and found it to have a feeling of hardness to my touch and much tenderness. I was now not certain as to the trouble; but judging from the description he gave me and the examination by the touch, it was caused by a tumor of the stomach with derangement of the pancreas. I commenced treatment accordingly; dropping the treatment for the heart and giving the $\frac{1}{8}$ gr. sulphate of morphia to keep down the excruciating pain. My efforts to effect a cure of the trouble in the epigastrium were all in vain.

By noticing deglutition, I now began to suspect stricture of the œsophagus. The food appeared to pass about to the cardiac opening of the stomach, where it seemed to stop until the œsophagus would fill to the mouth; then the patient would throw it all up.

Shortly after I had begun to harbor this idea my neighbor and friend, Dr. W. M. Rhea, of Shade Gap, Huntingdon Co., Pa., was called in. During consultation we took the patient out and placed him upon a table and gave him a thorough examination, and had no hesitancy in pronouncing a stricture of the œsophagus, together with a probable tumor of the stomach. We were satisfied nothing more could be done than to allay the pain and urge the patient to prepare for death, which we said was near at hand, and having prepared a number of morphia powders, we left him.

I did not see him again until after death, when I was permitted to hold a *post-mortem* examination. This was about three weeks after consultation with Dr. Rhea. I was informed that in the meantime he suffered much pain, except when he was under the effect of morphia, and that he gradually wasted away until the fifth of April, when he expired.

At 4 P. M. on the 6th Drs. W. M. Rhea, D. A. Hill, of Fort Littleton, and R. McG. Alexander, of Fannettsburg, being in attendance we proceeded to a *post-mortem* examination. Upon laying open the body we found the fasciæ to be about the color of

the yolk of an egg. Proceeding further we found the peritoneal sack filled with a milk-colored fluid and giving a most offensive odor.

APPEARANCE OF THE HEART.

We found on removing the heart the lining membrane had a fibrous covering, and the valves were much thickened with deposits of fibrin. In the ascending portion of the aortic arch there was an abnormal growth, fibrinous in appearance, two and a half inches long, and three-eights of an inch in diameter at the base, being conical in shape. This abnormal growth was attached to the lining membrane quite firmly, and around it were large thick clots of fibrinous blood.

THE ŒSOPHAGUS.

Proceeding next to the œsophagus, we found it to be somewhat inflamed, with its coats some thickened at the lower end, and about 1 $\frac{1}{2}$ inches from its juncture with the stomach we found the stricture, a cartilaginous ring, having the appearance as if ossification was about to take place.

THE STOMACH.

At about the juncture of the œsophagus with the stomach, immediately under the left lobe of the liver, there was a hole ulcerated through the stomach about the size of a silver half dollar, its border being of a light greenish color, and giving the appearance, as we judged, of a scirrhus, or cancroidal nature. The walls of the stomach were much thickened, being one inch or more in thickness down to the pyloric opening, where they began again to appear normal. This thickening was, I think, in the mucous membrane of the stomach.

THE LIVER.

The right lobe of the liver had a healthy amber color. The left lobe was dark in appearance, filled with congested blood, and curved on the surface with a fetid pus, so that it was easy to gather large flakes of it by passing the blade of my bistoury over it. On the surface next to the stomach, and immediately opposite the ulcer there was a large abscess about 1 $\frac{3}{4}$ inch longitudinally, 1 $\frac{1}{4}$ transversely and 1 inch deep, filled with fetid matter. The bile ducts were all stopped with coagulated matter.

OMENTUM AND PANCREAS.

These, together with the spleen and superior mesentery, it is almost needless to say, were in a condition of decay.

ONE FŒTUS WITH TWO PLACENTÆ.

BY RICHARD DUGDALE, M.D., NEW ORLEANS, LA.

EARLY in March, (this year) a lady called at my office late in the evening to obtain a prescription for her friend, Mrs.——whom she said was "*flowing* very freely, and that she was becoming very weak, and was in considerable pain." I suggested that there might be a miscarriage occurring, but the lady said she thought that could not be, for she had no reason to believe the lady was pregnant, besides she was nursing a child then sixteen months old.

I prescribed, but gave a special direction for her friend to go to bed and remain until better, or some developments occurred in her case. The next night I was summoned hastily to see the lady. On reaching the house, I learned that she had continued on her feet all the day, but at night became very weak and faint from loss of blood, and that it had not ceased since going to bed, and was accompanied with pain, as though in regular labor. She persisted that she was not pregnant; said the catamenia had not appeared but once since her previous labor, and that three months ago. Had not been troubled by nausea or any of her usual sensations of pregnancy. A vaginal examination disclosed a large womb, with pregnancy at least six or seven months advanced. The os was dilated to half the size of the palm, the membrane protruding. The movements of the fœtus could be plainly felt through the membranes, but the lady herself declared she had never felt any motion whatever. I slipped two fingers beneath the membrane, and pressed the fœtus against the parietes of the uterus. She then said she felt it plainly for the first time. A little later the membranes ruptured, and the os being dilatable, and the hemorrhage very considerable, I gave vin. ergot. In a short time the fœtus was expelled. It was about seven months advanced and lived thirty-six hours.

The placenta was removed without trouble, but instead of being

single, there was another, and a smaller placenta, attached to its left hand margin, about the size of a five months placenta, and very much decomposed, smelling fearfully. There was no cord attached to this smaller and decomposed placenta, but a point which from its appearance proved to my mind quite conclusively, that there had once been a cord inserted. The maternal surface presented the usual division of cotyledons, while the fœtal surface was smooth, and around the outside margin were what seemed to be the remains of the membranes. The hemorrhage, it was evident, had taken place at the line of union of the healthy and morbid placenta.

There was no trace of the other fœtus to be found, and the lady declared she had never noticed any discharge indicating anything of the kind, nor in fact any discharge of color whatever, except for about two days, three months previous to this time, and then only slight.

Was the ovum blighted before ossification began, or had far advanced and was passed unnoticed, or was it absorbed? Or did this fœtus live till the time of the discharge, three months ago? Or could conception have occurred at different periods, and the two placentæ have become united? I know of but one other case where pregnancy existed so long without being recognized by the lady, and that is reported by Dr. B. F. Tasker, in the *Gynæcological Journal* of Boston, for 1869.

In my own case, as in Dr. Tasker's, the veracity of the woman has always stood unquestioned.

In the *American Journal of Obstetrics* for May, 1871, Dr. E. Chenery, of Boston, Mass., (a quotation from *Medical and Surgical Journal* of that city,) relates a case equally as novel as my own, bearing on the question of conception occurring at different periods, when double. In this case, notwithstanding proper treatment, he says, "the pains had returned, and the hemorrhage was profuse. She had passed nearly a chamber-vesselful of blood and clots, among which I found a fœtus, with transparent membranes entire, and altogether about the size of a common open-faced watch. The womb was dilated, and another and much larger fœtus was lying with its head entirely escaped from the os, pushing its unbrokeu vestments before it. Supposing,

of course, miscarriage of this must take place, I caught the head between my finger and the wall, to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach." The wound contracted, flooding ceased; patient recovered—a very rare occurrence in the face of such symptoms. He further says: "Thus ended this early and bloody battle between this modern Cain and Abel. The older having gained the victory . . . returned to the undisputed enjoyment of his *pre*-possessions. *Here there were the products of a double conception. One of them bore the marks of about eight weeks, and the other twenty.*" This lady "was confined at term" with this modern Cain.

My own, and this last case, are to my mind only additional evidence that in twin conceptions the fœtuses *may* be conceived at different periods. Though I admit that usually they are not, while Dr. Tasker's case and my own go to prove that pregnancy *may exist* to, or near, full term without the woman being cognizant of it.

AN ACEPHALUS BABE.

BY R. O. LUCAS, M.D., MILWAUKEE, WIS.

On the wild and stormy morning of January last, I was called to Mrs. K., and on arriving found her in her second confinement. Labor had begun some hours ago, and since the "water" had passed away, the pains had been quite strong. An old woman who was with the patient, kept saying; "All is right, make the most of your pains!"

On examination I found the presenting part to be the left hip, the feet resting in the right iliac fossa. After the feet were brought down, the child passed into the world without much trouble. It presented the following peculiarities:

Lower extremities were well formed. The abdomen was large, resembling the belly of a domestic animal; it was still more deformed by an umbilical hernia. The upper extremities were natural with the exception, that each hand possessed six fingers, there being two little-fingers on each hand. The ears and nose were rather larger than natural, especially the latter, which was flattened at its base, so that it bore some resemblance to that of

a negro. The eyes were closed, like those of newly-born pups. The whole cranial vault was wanting; there were however remnants of each of the cranial bones, which lay flat on the base of the skull, from the midst of which rose a bloody tumor of the size of a small hen's egg, which represented the brain.

Its sex was that of a female. It was dead when born, but the mother asserted, that she felt life a few hours before my arrival. Upon questioning her, she said, that she was very nervous and easily frightened, but that she could not recollect having been startled at any particular object, to which she could ascribe the deformity of her child.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

WHAT I KNOW ABOUT GYNECOLOGY.

AN eminent clergyman once declared to me that the great body of people delight to be humbugged, and indeed, will give more than they will to be enlightened. Our world-wide famous citizen, P. T. Barnum, made use of the fact in laying the corner stone of his colossal fortune; not, however, by really deceiving the public, but by promulgating an extensive assortment of humbugs to attract patrons to his shows.

The success that has attended his endeavors warrants the assertion that, if humbugs does not please people directly as a dose to be swallowed, it is certainly the card to attract. In the medical and surgical curriculum of the nineteenth century it would seem that the professional Barnums rode with a high horse.

Departments of science formerly regarded as a whole are now differentiated, and to such an extent is this carried that many of the distinctions made are almost totally without a difference. They are rotten devices to play upon the credulity of the patient rather than exemplifications of the learning of the physician. The changing of the vocabulary every few years is for reasons more frivolous than the frequent changes of fashion in dress. The experienced practitioners who have not time or patience to learn the new fancy terms are thus relegated to the background that fledglings and medical goslings may carry off the prize, who know little except to quack out the new lingo. In this category I place the catch-words of malaria, bacteria, bacilli, and the

various other expressions which have no idea adequate to back and sustain them. It smothers inquiry to look wise and prate learnedly about those things which are creatures of the fancy rather than actual facts. Women and their wombs are prolific in their contributions to this kind of learning and its current literature. The new-fangled science of gynecology has afforded an extensive theatre for the exhibition. To keep pace with it, bees, ewe-sheep, cows, mares and pin worms ought to be assigned their literature and peculiar science separate and apart from the males of their respective races; and there would be fully as much sense in it. We ought, to be consistent, to have woman houses, woman schools, woman dinner tables, and follow it up with the Turkish device of men prepared artistically by the surgeon to take care of them. The organic structure peculiar to the female sex has become the theatre for the display of all manner of barbarity and quackerish tinkering. Every medical student bows low to finger it, and the itching for doing so is fast becoming universal in the profession. A woman can hardly have an ailment, even of the stomach, glands, lungs or nerves, clear on to toothache or a sliver in her finger, but the medical adviser seems anxious to make it a pretext to look up some anti-version, retroversion, introversion, and I might as well add aversion, because all these things have been observed or imagined to produce symptoms of the character aforesaid. Many doctors make their living by fooling with women and their imaginary complaints, and they prattle on all occasions, in season and out of season, about these gynecological ailments. I have seen a sign on a doctor's board or card, gynecologist, which in plain English means a man devoted to the study of women. If he lived in Europe or Asia Minor, where they have State medicine and statutes to regulate the practice, he would be unsexed at the start, as the medical code enjoins. Truly, at the present time the womb is the medical torture-chamber, the theatre of vivisection and murderous experiment. The old Hippocratic oath forbade the inserting of a pessary by a physician; now it seems almost as if the pessary ought to be the badge and symbol of the profession. I know a physicians who hastens, when the patient appears, to thrust in the speculum and diagnosticate uterine trouble at once. In almost every woman who has ever been pregnant the mouth of the womb fails to exhibit the regular lateral margin which is characteristic of the maiden organ. The irregularities are decided to be lacerations; the organ is dragged into convenient position, excoriated and sown up at the cost of an immense amount of suffering and permanent disorder. Where one may have derived actual benefit, many are only duped and

are permanently injured. It was an error of structure, in view of the follies of the present century, that nature did not make the womb iron-clad. This cauterizing on every conceivable pretext, cutting it, skewering it up with pessaries and other disgusting machinery show that either she made a reprehensible mistake in producing such a woman, or else that such practice is itself a violation of her laws. Twenty years ago the transactions of the American Medical Association gave figures of no less than one hundred and twenty-three styles of pessary, some very simple and little more than mere plugs to a bung-hole; others more fearfully and wonderfully made than the human body itself. Twenty years hence there is likely to be a greater assortment of speculums to gratify the prurient curiosity of the meretricious medical attendant. I have some hope of a happier future for womankind—that a real benign civilization will eliminate those parts from the medical world. The women of America in former centuries had a like physical structure as the women of to-day. They made more normal use of it as a basket to carry their unborn offsprings in, and not as a species of bowel to empty them out of prematurely. They seldem knew of those ailments that modern ingenuity has rummaged Greek lexicons for in order to coin unpronounceable and often unmeaning names. They became mothers in a womanly temper and reared their offspring honorably, living to a good normal old age to witness grandchildren multiplying around them. If modern gynecology had been then known, all this would not have been. Abortion was then regarded as a calamity, and not as an art of the family physician, calling himself scientific. All artificial supports of the female apparatus are opposed to normal functions. Nature habitually relaxes in her efforts where art performs her work. She makes the skin thin and soft where we supplement it by coverings. She leaves the muscles weak where we ride instead of walking. In like manner she lets the womb hang over lifeless in the pelvic cavity, where props, skewers and harness of various kinds are used to hold it up. I do not assert that there are not exceptional cases, but I mention that they are purely exceptional. If a law existed that no woman with a pessary or womb harness should be permitted to marry, the physicians would soon drop out of that kind of practice; and it is certain that such women are worth but little as wives and mothers. I ask how many physicians are there who so treat their wives and daughters? The means of relieving various diseases of the uterus aggravates the morbid condition in the great majority of cases. A pessary that can really be a support to the womb dilates the vagina permanently and promotes a lax condition of

its walls. The bladder and rectum are compressed and the tone of the perineal muscles, which are the natural sustainers of the contents of the pelvis, is permanently impaired. Sir Frank Hamilton has given his verdict in regard to the use of pessaries: "1. They can only act as palliatives, whatever may be the degree of the disease. 2. They necessarily keep up a continued irritation in the passage, and, of course, a mucous discharge from the vagina. 3. When properly adopted they make injurious pressure on the contents of the pelvis. 4. If not frequently taken out and cleaned they become encrusted with calcarious matter, which becomes highly irritating. 5. They subject the patient to the charge of the medical attendant for life; and lastly, cases oftentimes occur where, from laceration of the perineum, etc., no ordinary pessary can be retained." If Hippocrates were now living he would say the same thing.

I am not declaring absolutely against the use of the untensil, but I am seeking to indicate a normal equilibrium for public sentiment. If I am loaded with a heavy burden on one side of my body, I throw my weight in the opposite direction to keep my balance. Now, the inordinate tendency of medical sentiment has been for years dragging to the ground in the pessary and humbug side; and I must be borne with, if I seem to bear somewhat extremely the other way. I have removed many pessaries of all shapes and sizes (from the size of a penny whistle to a threshing machine) from women who were suffering from their use, and who afterward recovered without them. Many gynecologists have a vicious practice of replacing versions. I do not mean that displacements ought not to be reduced, but that the patients are educated to undergo a regular series of manipulations under that pretext, which, except they are necessary, are most reprehensible and indecent. Every experienced physician knows that as soon as the finger is removed in the act of replacing, the womb immediately falls back into its former position. Women of the richer classes are the ones most commonly subjected to it. Hence, although the inspiring motive may be pruriency, it is more likely to be rapacity.

This appears to be a common fact—gynecological doctors of the old school often get rich, while other practitioners find it harder to pull along. Like those who treat syphilitic diseases in men, they have a very indefinite faculty of making professional charges and collecting them. It is a curious fact that few gynecologists have much to say in regard to the unwholesome habits of dress. They have yielded to the pressure through lack of moral stamina, or they are shrewd enough to know that the viler or more improper the mode of dressing the more certain are they

to be called. The corset has enriched thousands of physicians. A woman who has worn a pessary is always liable to require attention. A woman who has learned to undergo vaginal manipulations in immodest ways will seldom do without them. The moral nature has been impaired as well as the physical. No marrying man wants any such woman for his wife, and he is liable to be in a worse quandery about her than the Sadducees in regard to the woman that had seven husbands. Even though no marked impropriety had occurred, such as is usually considered, the tenacious regard of the woman for the physician is such as few husbands can wisely tolerate. Medical men are no worse than laymen, nor are they widely different. It is the highest duty of the educator to train the young girls to becoming, womanly ways and habits. I see no objection to their participating in active sports and exercises in the open air. They should be dressed suitably for such exercises. There is no impropiety in the act of running, jumping, climbing or even shouting, but an immense deal of utility. Let them be girls during girlhood, gay, cheerful, lively, happy. Train them to a large degree of self-reliance, the habit of taking care of themselves, and to have somewhat less terror of Mrs. Grundy. Such girls will hardly ever fall into the clutches of gynecologists, which not unfrequently retains hold, and makes life more intolerable than death. Women may be the weaker sex, yet their strength holds out where men fall by the way. They endure what would drive men mad. They have a more tenacious hold on life; their constitutional integrity renders them more careless in regard to risks of sickness, and, as a general rule, when they have an object to live for, and so regard life as worth living, the great majority of them far surpass the other sex in retaining their hold upon it.—S. B. Munn, M. D., in *Kansas Medical Journal.*

PIPER METHYSTICUM IN OBSTETRICS AND DYSMENORRHŒA.

I wish to call the attention of such of your readers as are not already acquainted with it, to piper methysticum in tedious and excessively painful labor, and also in dysmenorrhœa. Nearly three years ago, Dr. Hillyer, of the Homœopathic Pharmacy of the Pacific, gave me a vial of the mother tincture, asking me to try it in tedious labor. The medicine was entirely new to me; nor could I find, on my return home, any notice of it in my copy of King's Eclectic Medical Dispensatory, in Hempel and Arndt's Materia Medica, in Hale's New Remedies, nor in any other work to which I had access; however, I put it in my medicine case.

Some time afterwards I was called to attend a case of primipara. The patient, a nervous woman, intensely sensitive. Membranes had ruptured thirty-six hours before pains began. I was called in the morning, the patient having had some pains (enough to keep her from sleeping), the night previous, which greatly increased in severity about five A. M. Found the head presenting, the parts hot and exceedingly tender and the os dilated sufficiently to admit the finger. The pains were excruciating, the patient declaring that they did no good, which was really the case. During the next four hours, I gave successively pulsatilla, gelseminum and caulophyllin, with little or no change or benefit. On inquiry, I learned that the lady had been a great sufferer from dysmenorrhœa and also from uterine neuralgia between her periods. Taken altogether, the symptoms of my patient began to be strongly suggestive of convulsions, and I concluded it best to put her under the influence of an anæsthetic. While her husband was gone for chloroform, I thought of the piper methysticum, and prepared some in water, so that a teaspoonful would contain a drop of the medicine, and gave two teaspoonfuls. Ten minutes after, repeated the dose, almost immediately after which, my patient said: "That helps me; somehow, I feel different." I continued to give the remedy every fifteen minutes for the next two hours. The chloroform was not used, the patient declaring that she did not need it now, neither did she. Three hours after the first dose of this remedy was given, a living child was born, weighing ten pounds. The mother made a good recovery.

I have used it in several similar cases since then, with gratifying results. I have also been prescribing it in dysmenorrhœa, and find it best adapted to the neuralgic or spasmodic type. I believe that on acquaintance it will prove to be a valuable addition to the materia medica of the accoucheur and gynæcologist. —Eliza A. Gillett, M. D., in *California Medical Journal.*

CARRY MEDICINE INTO POLITICS.

The following which we clip from the *Eclectic Medical Journal,* has our hearty endorsement:

Fifty years ago there were laws in nearly all the States making a close corporation of *regular* medicine. Anything outside of this school was punished by fine and imprisonment. And the people were forced to die *secundem artem,* or have no medical assistance.

The good people were somewhat averse to this then, as they are now, and the matter was made a political question. It was "repeal all medical laws, freedom from class legislation."

Liberal men who had given the matter thought, resolved to support no one for office who was not in favor of the repeal of those laws. The result was, that in twenty years not a law remained on the statute books.

We have reached the same point to-day, and the old battle has to be refought. Ten years ago the American Medical Association resolved that "Medical legislation is necessary," and adopted a plan to procure it in every State in the Union. They have carried the plan out in several States, and they are working for it in all. With the general adoption of these laws freedom in medicine is at an end.

Carry this matter into the political field, and vote for no man who is not in favor of liberty in medicine as in religion.

In New York they have a law as absurb as it is contrary to every principle of American liberty. It requires that every person practising medicine in the State shall have his Diploma endorsed by a New York medical college, paying therefor a fee of twenty dollars. This law has received the constant support of Governor Cleveland, and he refused to sign a bill passed by the Legislature allowing the endorsement by Incorporated Medical Societies.

With such a record if Governor Cleveland were ten times a Democrat or a Republican, I would not vote for him. Let him and all others of the same ilk be politically damned.

SELECTIONS.

INFANT DIGESTION.

Upon this important and much discussed subject Horatio R. Bigelow, M. D., of Washington, D. C., writes as follows in the *Archives of Pediatrics:*

The question of infant growth is one of assimilation. Assimilation of food will depend upon the integrity of the digestive function. The digestive system of the new-born is not formulated at once, but develops in logical ratio with the expansion of other parts of the body. Its measure is the requirement necessitated by the elaboration of tissue. Tissue growth is a slow process, demanding especial nourishment, and varied at each advance in age. The necessities of the child, both chemical and physiological, are not those of the adult, because each is adjusted with great exactness to the immediate environment. The excess of non-nitrogenous matter, which is an essential to adult life, is pernicious to the well-being of the infant. Muscles, when at

work, consume principally hydrocarbonaceous aliments, and not albuminoid substances. In the infant there is no muscular exertion, and hence it draws more largely for its development upon the nitrogenous substances than upon the hydrocarbons. At birth the alimentary tract is short, the cæcum being very small, and the masticatory organs are absent. Bidder says that the ptyaline appears only with the cutting of the first tooth. Reasoning from analogy, it is not improbable that the pancreatic and intestinal ferments are also inoperative until about the eighth month. Nature is not a spendthrift, and she would not call into useless action any function not demanded by the necessities of her own handiwork. With the eruption of the teeth a new era begins. Mastication presupposes increased development. Increase of development calls for increase of nourishment, and increase with variety in nourishments sets up new digestive processes, in which the ptyaline and the other ferments play an important part.

The alimentary tract of the infant is exceedingly susceptible, so that nursing women have to be very careful in their diet. Now if this tract is so impressionable as to feel any departure from a standard diet in the mother, how much more seriously will it suffer in the administration directly of unwholesome cow's milk—not unwholesome, perhaps, in the light of general use, but unwholesome for the limited infantile digestion. It may have an *acid* reaction, or it may have come from a cow in *heat*, or it may be tainted with certain vegetable substances obnoxious to the child. The natural food of the baby is its mother's milk.

An intelligent study of human milk will lead up to a more just comprehension of the demands of infant digestion, and to a more perfect knowledge of a physician's duty in prescribing for such cases as are, unfortunately, deprived of the mother's breast. It would be a valueless encumbering of space, and an expenditure of time without profit, to cite one-half the analyses that are matters of record. It best subserves the present purpose to view the main constituents of human milk in their relation to certain physiological principles. It is to be noticed first, that woman's milk has an *alkaline* reaction, which persists for an indefinite period, and a specific gravity of about 1.0317. It contains water largely in excess (89.20 in 100 parts), milk-sugar, nitrogenous matter, fat, and salines. The albuminoids will vary in different women so largely that we cannot affirm that any analysis is infallible. A fair average percentage would probably be about 4.84. The milk-sugar (6.997) is much greater than in cow's milk (4.92). These figures are only approximately correct. No two samples yield the same results. This variability in the

composition of woman's milk, if not pathological, is a wise dispensation of nature to provide for the exigencies of each month of advancing age. Thus the function of the milk-sugar as a heat-producer is kept constantly in mind, while the absolute rate of nutrition may vary within wide limits, because the bodily heat must be preserved at all hazard. In fat, woman's milk exceeds that of the cow, but falls far below it in albuminoids. The ash, or mineral constituent of milk, is chiefly concerned in metamorphosis. The basic phosphate of soda is invariably found in the blood, while the acid phosphate of potash is the chief constituent of the juice of the flesh. Phosphate of lime is intimately incorporated with the nitrogenous constituent principles. It is very generally admitted that the carbohydrates lead on to fat-production, through the co-operation of the nitrogenous and saline elements. Nitrogenous elements themselves, when in excess, may also serve as a source of fat. Nitrogenous matters do not, probably, undergo complete oxidation within the body; a portion of them is eliminated as urea. Fatty compounds are of higher value as force-producers, because they contain a quantity of hydrogen as well as of carbon free for oxidation. Pavy says that the value of nitrogenous compounds as force-producers depends upon the amount of unoxidized oxidizable elementary matter they contain. In human milk the percentage of nitrogenous matter to carbohydrates is about 1.45. About one-fourth part of its casein is coagulable by acid. The *alkaline reaction* is *highly valuable*, since it serves to convert the *casein* into *soluble albuminoids* and soluble carbohydrates, which are great heat-producers. Writing upon this subject, Kuss says: "It is generally admitted (Moleschott, Voit) that an adult consumes 320 grams of carbon and 21 grams of nitrogen, or, in other words, 130 grams of albuminoid elements, and 488 grams of hydrocarbons and fats (fats 84, hydrocarbons 404); it follows that, in this case, the normal proportion in a mixed diet, of nitrogenous to non-nitrogenous aliments, is 1 to 3.7, while in milk, as well as in the egg, the proportion is 1 to 3, or even 1 to 2; in other words, the quantity of albuminates (nitrogen) is much larger, and of hydrocarbons (carbon) much smaller. This fact may be easily explained by referring to the part played by the hydrocarbons in regard to the production of force, muscular force especially. The adult draws his forces from the combustion of non-nitrogenous substances, the albuminates scarcely serving for this purpose. On the other hand, when the organism is in course of development, the nitrogenous substances are indispensable to the growth of the different tissues. It is therefore easy to see how mistaken is the common practice of condemning children to a

diet containing a large quantity of starch and scarcely any nitrogen."

Woman's milk contains no *starch*. It may be conceded that, in the adult, the ptyaline may continue its action in the stomach; that particles of unconverted starch may be transformed by the pancreatic and intestinal juices. In the infant this rule cannot apply. The baby does not secrete ptyaline until the sixth or eighth month, *neither do the other juices, of pancreas and intestine, have any transforming power whatever before that period.* It is sheer ignorance to assert that small particles of starch can do no harm since they undergo transformation in the intestine, when the truth is that they not only act as irritants, but pass out of the bowels unchanged. The attenuant of woman's milk is an important factor, of which we have little absolute knowledge. It is chiefly in consideration of this point, that *cow's milk cannot ever be safely substituted for that of the mother.* Before it can satisfactorily approximate to this great food of nature, it must be radically transformed by some chemical process, which science has not yet developed. The addition of water to cow's milk will reduce the percentage of albuminoids into harmonious relationship with human milk, but it does not suffice to change the characteristics of the clot. To use starch as an attenuant is, of course, radically wrong.

In view of these facts, it becomes a matter of the utmost interest to establish some definite principles of treatment, in cases where the mother is unable for any reason to nourish her child properly and sufficiently. There is no known process, chemical or mechanical, by which cow's milk alone can subserve this purpose. Up to six months of age, at least, the baby needs just those equivalents found within the mother's breasts—nothing more and nothing less. The compound must be *alkaline* in reaction; it must contain no *cane-sugar* (because cane-sugar must be first converted into grape-sugar before it can be assimilated; cane-sugar is frequently subjected to a kind of acetous fermentation, producing excess of acids in the infant stomach, so that bodily heat will diminish and disorders of respiration and circulation will follow), and no *starch*. It must be rich in heat-producers, although, as I have said before, the amount of albuminoids may vary greatly. Position has something to do with digestion. In some bad cases it will be found that, if the infant be placed in the usual position of a nursing child in its mother's arms, that it will assimilate its food, when artificially fed, much more readily. In the nursing child, a by no means inconsiderable amount of heat is derived from the mother's body. An artificially-fed infant is deprived of this, so that there should be

some compensatory action in its food. There have been many attempts made to overcome this difficulty, and our journals have been full of discussions upon the matter. It may be said that no artificially-prepared food that does not meet all these requirements will be of permanent value in infantile therapeutics. What is needed is something rich in carbohydrates, with a proper admixture of albuminoids, salts, and moisture, free from starch and sugar, and alkaline in reaction.

In common with many others, I have often been puzzled as to the best way of meeting the emergency. I beg leave to append a few cases from my note-book, as bearing upon this matter:

Case I.—K. S., colored, five months old, apparently dying of marasmus; vomits frequently; diarrhœa, with inability to retain nourishment. Was nursed by mother until two months old; then was fed by bottle on diluted cow's milk. Ordered appropriate remedies, with the formula of infant food as advised by Meigs, in very small quantities. On second day the child was no better. Gave small doses of brandy, burned, with sugar; spice poultice to abdomen. Child continues to fail; entire inability to retain nourishment. At the suggestion of a professional friend, I bought a bottle of Mellin's food and subjected it to a very careful analysis. It seemed to be a close imitation of mother's milk—so that I commenced using it at once. The change was immediate and permanent, and the patient is now a thriving girl of four years. The effect was due to the principle in the food which acted upon the curd, and albuminoids, and brought the cow's milk into a harmonious relationship with human milk. The whole system of the child was poisoned by unwholesome food, which it not only could not digest, but which was irritating the whole alimentary track. It wanted heat, and it wanted nitrogenous food. I satisfied myself by personal analysis of the constituents of the preparation, and found that it contained the principles which it seemed to me nature demanded, in exact combination, and more satisfactorily and more cheaply prepared than I could compound upon my own prescription.

Case II.—The particulars of this case were furnished me by a friend. A physician was called to see a case where the child had convulsions after each feeding. He questioned the mother in regard to the milk used. She persisted that it was one cow's milk from a fine Jersey on her own farm, and was quite unwilling to make any change. She was finally persuaded to try the milk from another source, and use it with Mellin's food. The child began to improve at once.

Case III.—Entero-colitis. H. D., the infant son of well-to-do parents, in the summer of 1882, had been allowed from time to

time small quantities of starchy food in his milk. One night he became restless and irritable, slept but little, and when sleeping moaned frequently. Rejected his food. These symptoms continued for a day or two, when diarrhœa set in. With the increase of inflammation the discharges became more frequent, consisting of small portions of feculent matter, undigested starch, casein, mucus, etc. The abdomen was tender to the touch, and somewhat swelled. Vomiting was troublesome; pulse 148. Ordered warm baths, poultices to abdomen, with one dose of spiced syrup of rhubarb and paregoric. Then gave a simple refrigerant mixture, with gradually-increasing quantities of Mellin's food. As the child grew better its abdomen was enveloped in flannel, and it was kept in the open air for as long a time as circumstances would permit. It thrived upon this artificial food, and soon was perfectly well.

These cases, which might easily be multiplied, are of interest only as showing that the nearer we approach to the essential principles of normal human milk in any substitution that we may make use of, the better will the results be. The general cause of these summer complaints is one of unwholesome or insufficient food. Nature never offers such to her new-born, and we may well pin our faith to her example. Feed the child upon that preparation which assimilates the closest to mother's milk, and little medicine will be required in our cases of so-called cholera infantum.

WATCH FOR ACCIDENTS.

Dr. Goodale in a lecture at the university hospital published in the *Medical and Surgical Reporter*, relates the following to put physicians on their guard:

"A number of years ago I was called to assist a physician who had a large obstetric experience. He had become completely demoralized over a tedious labor. He had put the forceps on and had got through the worst of it when he gave out and had to send for my assistance. I then took hold, and after bringing the head down to the perineum, handed the forceps to the physician to complete the labor, so as not to take the wind out of his sails. He at once turned the head out, and I felt sure that something must have given way. After the placenta was delivered, he went to wash his hands, and while he was doing so, I took the opportunity of examining, and found the perineum torn down to the rectum. I asked him to examine the parts. He put his finger in the vagina, and said: "Oh, yes! the placenta has been taken away; everything is right." I then called his

attention to the rupture of perineum, and a look of blank astonishment came over his face. Neither of us had a needle, so we borrowed a darning needle and sewed up the parts with stout linen thread. The union was perfect. I have seen the same thing happen in other cases to which I had been called, and, in my younger days I have done it myself."—*Peoria Medical Monthly.*

ALETRIS FARINOSA AS A UTERINE TONIC.

Dr. J. M. Goss well known to many of our readers as a practical man, and as Professor of Theory and Practice of Medicine in the Georgia Eclectic Medical College writes as follows:

A professional friend asks my opinion of Aletris Farinosa—Unicorn root. As a tonic for the stomach, I have used the Aletris(in the form of a tincture, and also with aromatics, in form of Aletris Cordial, as prepared by the Rio Chemical Co.) with uniform success. It powerfully improves digestion, and restores a lost appetite. But there is one other property that it possesses, and that is its effects upon the assimilating functions, thereby improving blood-making, etc. There are but few remedies of equal therapeutical value in depraved digestion and feeble assimilation. Even in that peculiar morbid condition of digestion and assimilation that leads to diabetes, it has, in my hands, aided very much in a final cure. I have often alternated it with iron, in extreme cases of anæmia, with the most successful results. This article is a direct tonic to the whole muscular system, and is applicable in those cases caused by or connected with a relaxed or feeble state of the muscles. *But its most marked properties consist in the specific tonic influence it exerts upon the female generative organs, imparting tone to the uterus*, thereby not only *promoting the healthy functional activity* of it, but also preventing that morbid condition that leads to miscarriage in gestation; and also promoting the menstrual function when, from debility or anæmia, it has been suspended. When once females abort or miscarry, then there is often a habit formed, in which, if the Aletris Cordial be given regularly up to the regular termination of the term of gestation, it will generally prevent such an accident. I have used this article for many years in female debility, such as leads to chlorosis, amenorrhœa, dysmenorrhœa, prolapsus uteri, and all engorgements of this organ. In anæmia and chlorosis I usually combine it with iron or alternate it with the iron. It is very valuable in dysmenorrhœa. It greatly aids other proper remedies in curing leucorrhœa. It, however, often is sufficient of itself

to cure leucorrhœa, provided its use be continued long enough. It is strictly a female tonic. It has a direct affinity for the reproductive organs and exercises a healthy tonicity over their functional activity.

In sterility, from an atonic state of the ovaries, this is one of our most direct and trustworthy remedies, given in doses of thirty to sixty drops three times a day, for several consecutive months. In all cases of uterine atony, not only where it leads to suspension of the menses, but where it is the cause of sterility, prolapsus, ante or retro version, this is the proper remedy. Since testing this remedy thoroughly in malpositions of the uterus, I have almost dispensed with the pessary or the uterine supporters, so much in use. I have used it in a great number of cases of what is called habitual abortion, and with uniform success. I always commence its use a few weeks before the time of the expected miscarriage, and continue (three doses per day) until the dreaded period has passed by several weeks, then its use resorted to, afterwards, provided the slightest indications of miscarriage occur. It is also valuable in gestation, to ward off nausea, vomiting, faintness, vertigo, and cramp in the hypogastrium. Its intense bitterness *has been* one very great objection to it, but that is *now* obviated by the use of the Aletris Cordial, as prepared by the Rio Chemical Co., St. Louis, Mo. I use the Aletris Cordial a great deal, but the more I use it *the better* I like it—*it is the female tonic par excellence.*

REGULATION OF DIET.

As illustrating the great importance of this all-important question, we are glad to quote the following remarks from Dr. R. H. Gunning (*Edinburg Medical Journal*, June, 1884):

The function which influences all others most is digestion. This all right, all is right, and *vice versa*. Cures, after operations, are accomplished by nutrition; and this will be good, or the contrary, as the digestion is good or the contrary. This subject of digestion and nutrition should be well understood by surgeons. The preparing a patient for an operation, or treating him after, hang much on this. Whatever dexterity a surgeon may have, he should also understand physiology well to have success. He may fail sometimes from neglect of the simplest dogmas of physiology. A friend and myself, when abroad, had many cases of cataract. We did the operation in the same way; he better than I, for I had no gift of hands. He lost very many of his cases, and mine succeeded. He said, one day, he could not understand this. I replied, "It is simple; you let your

patients *eat and drink* as they and friends like after the operation; while I starve mine for one or two days, till the wound is healed and the retina is safe." A full stomach or improper food will soon befoul the best-done operation. I have cured serious fractures without fever intervening merely by semi-starving the patient. In my own case, when shot in the head, I abstained from all but water, or a little tea or dry toast, for days, and had scarcely pain and no fever or erysipelas. After days I used stewed prunes, potatoes mashed with salt butter, to be simple and laxative. I took no wine and no meat for weeks, and a remarkable cure was the result.

In all cases, medical or surgical, attention must be given to the digestive organs, to see that no peccant or irritating matter exists, and that they be carefully watched afterwards.

I once treated a lad for fracture of both thigh bones, a bullock-car having passed over his limbs. I set the limbs, and kept him semi-starved for days. Only gruel or weak chicken broth was allowed. He had no fever, and got round beautifully. On another occasion the car passed over him and killed him. In short, let all ingesta be in the smallest quantity, and of mild quality, to avoid inflammation. Spirits in every shape are injurious.—*Medical and Surgical Reporter.*

TIGHT LACING.

THE ABSURDITY OF THE CUSTOM AS WELL AS ITS EFFECTS UPON THE HEALTH OF SLAVES TO THE FASHION.

THERE would be no tight lacing if girls could be made to understand this simple fact:—that men dread the thought of marrying a woman who is subject to fits of irritable temper, to bad headaches, and other ailments we need not mention, all of which, everybody knows, are the direct and inevitable product of the compression of the waist; men like to see a small waist, certainly; but there is a great difference between the waist that is well formed and in proportion to the rest of the figure, and a waist which is obviously and artificially compressed, to the destruction of that easy and graceful carriage which is one of the chief charms of a woman's appearance. An unnaturally compressed waist is far more certain of detection than a mass of false hair or a faint dusting of powder. The rawest youth that enters a ball-room can pick out the women who have straightened themselves artificially.

If a young woman, to obtain the appearance of a dragon-fly, has been subjecting herself to considerable physical pain, and who has been laying up for herself a pretty store of ailments

which only want time to pronounce themselves, could only see the stare of scarcely disguised contempt and understand the scornful pity which greets the result of her labor, we should have a change of fashion. Through all changes, women remain true only to one fashion; whether her clothing is as long and lank as that of a Grecian Virgin, or whether she builds around the lower half of her figure a rotund and capacious structure of steel, she is ever faithful to the tradition of a small waist; and she will weaken her circulation, she will incur headache, she will crack her voice and she will ruin her digestion, all to produce a malformation which wise men regard with pity and fools with derision.

That ladies can be fitted with a corset which will not compress the waist, but give support, health, and comfort to the body, and easy and graceful carriage to the appearance has been fully demonstrated by the celebrated philanthropist Mme. Dean, of Brooklyn, N. Y., who has lately patented a corset which is a combination of shoulder-brace and spine-supporting corset, and while combining the benefits of both, is extremely simplified into a first-class corset. They are specially constructed with two curved springs so as to fit exactly on and support the shoulder-blades and another spring to support the spine. Made of the very finest tempered clock spring, thus creating a complete support for the spine and supplying a covering for the open space in the back, thereby protecting the spine from cold and giving a smoothness of fit to the back of the dress, making it a valuable and most necessary corset for general use. It has already received the highest commendations from the leading modistes, the fashionable dressmakers, and the most eminent physicians of the United States and Europe.

The Old Established Corset House of Lewis Schiele & Co., 390 Broadway, New York, have been engaged to manufacture them, which is a guarantee that they will be made of the best material and workmanship. A reliable agent is wanted to introduce these goods in this country. For particulars see advertisement in another column.

A NEW, SUCCESSFUL, AND PALATABLE MEDICINE FOR THE TREATMENT OF TAPE-WORM.

Uder the above title Dr. Howard Pinkney, writing from Sharon Springs, describes his experience with the oil of the pine needle, made from the *pinus punilio*. A hall-boy of the hotel had suffered for five years from tape-worm. He had been treated for four years in New York, but never had succeeded in

getting rid of over four feet of links at a time. Dr. Pinkney not being able to get any male fern, pelletieriene, or pumpkin seeds, therefore tried the following experiment: "The patient fasted from breakfast, and at nine P.M. he was given one teaspoonful of oil of the pine needle in half a glass of milk. The following morning, as there was no perceptible action of the medicine, the dose was doubled. This, the boy said, had a most agreeable taste. One hour later he took a dose of castor oil, and in the course of two hours after this he passed an entire tænia solium measuring fifteen feet six inches in length and one-half inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two teaspoonfuls more, but no sign of any worm or part thereof passed. "This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and when mixed with milk very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation." Our correspondent would be pleased to know if any of our readers have ever read or known of its use in similar cases.—*Medical Record.*

MORE SURGICAL FOLLIES.

The Anæsthetic Inhaler Folly.—The use of more or less complicated inhalers for administering ether as an anæsthetic is a folly. A small porous napkin, saturated with plenty of ether and covered with a large dry towel of less porous nature, is more simple than any form of apparatus, is just as efficacious, and probably more so; and being always clean can never be a vehicle of conveying syphilitic saliva from one patient to another.

The Tourniquet Folly.—In amputations, except in the rarest circumstances, Esmarch's elastic apparatus should supercede the old-fashioned screw tourniquet of Petit. The latter, while indeed arresting the flow through the arteries, nearly always engorges the parts with venous blood, thus inducing venous hemorrhage and causing the seat of operation to be obscured. An even worse folly is that of applying a tourniquet to the femoral or brachial artery to stop bleeding from a crushed leg or forearm while awaiting reaction prior to amputation. Pressure should be made *immediately upon and just above* the crushed tissues, by an elastic or common roller bandage, tightly applied. A tourniquet placed far above the seat of injury on the main trunk interferes with the arterial and venous circulation of the whole limb. Amputation, if by necessity delayed for a few hours, must then be performed through tissues that have become

œdematous and liable to gangrene because of the stupidity of the surgeon. Pressure over the crushed structures stops all oozing and free bleeding; and is probably less distressing to the patient than the tourniquet applied high up. It can do no harm to the tissues already irretrievably damaged and soon to be removed.

The Aspirator Folly.—The aspirator has probably done as much harm by encouraging "shrinking surgery" as it has done good in providing a safe means of puncture for evacuating serous effusions and for establishing diagnosis. Many pus collections are repeatedly aspirated by timid hands and heads when salvation of life demands free incision.

The Drainage Tube Folly.—To leave a drainage-tube or strand in a wound after the discharge has obtained a widely patulous exit, or, in fact, has nearly ceased, is an egregious folly. Yet the cry for free drainage has doubtless led to many commissions of this error; whereby a drainage-tube is allowed to become a seton.—*Polyclinic.*

THE CONSEQUENCES OF THE EXTIRPATION OF THE SPLEEN.

Doubtless among our readers are many who read with interest the details of the operation for removal of the spleen, recently performed by Prof. Younkin. The following which we take from the *Medical and Surgical Reporter*, concerning the consequences of such an operation will also be of interest to them:

The surgical removal of the spleen under certain conditions is to-day considered a legitimate operation. After Tizzoni had insisted upon the development of small spleen-like tumors on the omentum of animals deprived of their spleen, and after he had expressed the opinion that these new growths performed the functions of the lost organ, Prof. Mosler (*Deutsch. Med. Wochenschrift*, 22, '84) took the subject in hand, and examined into the consequences of the removal of the spleen, with the following result:

The small tumors mentioned by Tizzoni are, according to Mosler, telangieotatic-hemorrhagic lymphomas, developing from the areolar tissue of the serosa, which is rich in blood-vessels. A direct connection between the want of a spleen and these new growths does not exist.

The following phenomena were noted as the consequences in thirty cases of extirpation of the spleen practiced by Mosler.

The spleen is not essential to the life of animals.

After extirpation or atrophy of the spleen artificially produced, its function is taken up by the other lymphatic organs. In this the marrow of the bones seems to play an important part, as after the removal of the organ great alterations, similar to those observed in leucæmia, are met with for a long time. Hyperplasia of the lymphatic glands is not often noted.

The vicarious action of the other lymphatic organs seems to depend upon external influences, and is not always complete in animals deprived of their spleen, for during the first months after the removal of the organ, the blood shows an abnormal composition. This fact proves that the spleen participates in some way in the manufacture of the blood, especially in the new formation of white and red corpuscles.

The extirpation of the spleen exerts no influence on stomach and pancreas digestion, the greatly increased appetite of animals wanting their spleen being no proof of the contrary.

OBJECTIONS TO THE USE OF COROSIVE SUBLIMATE.

Those who are aware of the indiscriminate and lavish use which has recently been made of corosive sublimate in dilute solution as a cheap and convenient antiseptic—and by the way it has been commended by a certain journal which its editor *claims* is eclectic—will not be surprised to learn that already reports are coming of the injurious effects often produced thereby.

A priori one would be led to suspect the free use of this energetic drug would be productive of harm, and an article in the *Berlin Klin. Woch.* justifies this apprehension. Dr. Reichel describes a case of general erythema caused by sublimate dressing. A man had been operated upon for relief of genu valgum; the leg from foot to pubes was enveloped in the sublimate gauze and a splint applied. On the fifth day complaint was made of burning and itching in the limb, which sensations gradually increased in intensity, compelling the removal of the bandages on the ninth day. On the day previous the burning was felt on both breast and abdomen; also there was noticed a punctiform rash over the same region. The leg was found to be covered with an intense papulo-vesicular eczema; the integument was now œmatous. A general erythema was now developed; the whole body, except face and neck, was thickly covered with small, red spots, especially so on the breast, abdomen, scrotum inside of right thigh, and back of elbows. The general health of the patient was good; there was no salivation; the tempera-

ture, however, was elevated. Salicylic dressing was substituted, and on the same day the temperature fell to normal. On the next day the rash on the front of the body was paler in color and the leg more comfortable. Four days after the removal of the sublimate bandage the whole erythema disappeared.

The case evidently was one of eczema mercuriale, such as often appears on the site of mercurial inunction. Dr. R. had observed that this dressing occasioned a more frequent and more intense local eczema than the carbolic acid; also in such cases the healing of wounds was markedly delayed, a serous discharge being set up.

TREATMENT OF NASAL POLYPI.

As a valuable contribution to the therapeutics of this unpleasant condition, we are glad to note that Dr. Richardson, in the *Asclepiad*, recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus, in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.—*Medical and Surgical Reporter.*

TREATMENT OF FRACTURED PATELLA.

Dr. Van der Meulen notes that in the space between the two fragments of a broken patella, a clot of blood is formed, This clot is not organized at once in its entirety, but the anterior and posterior surfaces are first organized, and only after some time does the process involve the central portion. In this way the two fragments come to be united by two thin pseudo-membranes. The author takes advantage of this in his treatment of fractured patella. From ten to twenty days after the injury he proceeds to operate. An incision being made over the patella, the anterior membrane and the unorganized coagulum lying beneath it are removed, but the posterior membrane is not interferred with, and

thus the joint is not opened. The fragments are then united by platinum or silver wire suture, care being taken not to include the membrane or organized coagulum, but to let it fold upon itself posteriorly toward the joint cavity. Dr. Van der Meulen has operated in this manner in three cases of fractured patella, and has been enabled to obtain excellent and firm union.—*Deutsche Medicinal Zeitung.—Medical Record.*

DIRECT APPLICATION OF THE GALVANIC CURRENT IN SALPINGITIS.

I WISH to call attention to what may be considered a unique case in gynecological therapeutics. It is not sufficient of itself to establish any definite principle, although it may lead up to such investigation as shall place this procedure upon a logical basis.

I have had under observation for many months a case of oophoritis and salpingitis that made but slow progress under the systematic treatment of electricity, massage, Turkish baths, and graded muscular exercise, that I always resort to in these conditions. The usual symptoms were well marked—objective and subjective. The sound passed easily and for quite a distance up the right tube. Menstruation was irregular, painful, scant, and altered in character. It was perhaps a suitable subject for Tait's operation, but we cannot all hope for the brilliant results of that eminent surgeon, and I have already expressed my views upon oophorectomy, as well as upon the general management of oophoritis.

I had previously seen excellent results from the galvanic current; one electrode (negative) being pushed well up into the vagina, while the other was applied externally over the location of the ovary. It seemed to me that an insulated electrode of the size of the ordinary uterine sound, might easily be carried into the tube, quite as easily, indeed, as the sound itself, and that the negative current might alter the entire catarrhal condition of the membrane, setting up a new action—a reparative one—within the tube itself, and that this influence might be transmitted well up to the ovary. At all events, it was an experiment worth trying. I knew from an extended use of electricity in the diseases of women, that both currents were well tolerated by the sexual apparatus; indeed, the uterus is only slightly susceptible, less so than any other part of the body.

I had made an electrode of the same dimensions as my uterine sound—insulated—and terminating in a bulbous metal expansion. This was carried without the least difficulty well up into the

tube and was made negative. The positive electrode was pressed over the external parietes in the location of the ovary. I began with a current strength of five milliamperes, continuing the application for three minutes. The positive electrode was small, and pressed firmly down. The patient made no complaint; on the contrary, she confessed to a feeling of satisfaction at the sense of warmth. I made applications twice a week, varying the strength of the current, but never beyond twelve milliamperes. She always felt better after each seance, and now, after three months of this treatment, is really radically better. She has little or no pain; the menstrual function is accomplished quite naturally, and the enlargement of the tube is constantly growing smaller, so that it is now impossible to admit the sound.

May it not be possible that we have here such a powerful alterative remedy, as will relegate to cystic and well advanced degenerative changes only, the necessity of the surgical operation?—Horatio R. Bigelow, M. D., in *Medical News*.

HYPEROSMIC ACID IN NEURALGIA.

In Tubingen, as well as in Kiel, experiments have recently been made to determine the action of hyperosmic acid (*Deutsch Med. Zeit.*, July 7, 1884). This drug was first recommended in malignant tumors, into whose parenchyma the acid was injected. In both localities the result has been nihil, the inflammation ensuing exerting no influence on the malignant character of the new growth. As well known, Dr. Winiwarter was the first to bring the remedy to the notice of the profession.

Dr. Neuber, in Kiel, accidentally employed the hyperosmic acid in several cases of peripheral neuralgia, which had not yielded to other drugs. He reports three cases where a daily subcutaneous injection of the acid was employed. He made use of a one per cent. watery solution, of which from four to six drops sufficed for each injection. Selecting the locality most affected by the pain for the hypodermic application of hyperosmic acid he found that in each of the three cases of neuralgia, though they were of stubborn character and had thus far withstood every possible treatment, the effect of the acid was magical, the pain after a few applications ceasing, and in no instance returning. The injections themselves were neither very painful, nor followed by suppuration, nor accompanied by poisonous side effects.

There are many cases of superficial neuralgia which apparently are incurable until some new remedy is tried, to which they

at once yield. The more physicians report such cases, the sooner will the conditions be determined, under which each anti-neuralgic remedy may be expected to act promptly.—*Medical and Surgical Reporter.*

BORAX IN THE TREATMENT OF CONTAGIOUS DISEASES.

In a communication made to the Academie des Sciences (*L'Union Medicale*, August 2, 1884), Dr. de Cyon urges upon the members the employment of borax as an internal disinfectant. It is, he asserts, perfectly innocuous to the human organism, even when taken in quantities of half an ounce or more per diem. He opposes the notion that a microbicide is the more effectual in proportion as it is the more poisonous to man. The efficacy of this substance as a prophylactic against cholera was demonstrated, the author says, during the cholera epidemic which ravaged Italy in 1865. At that time not one of the workmen employed in the seven boracic acid factories at Larderello was attacked, while in a village scarcely two miles distant one-third of the inhabitants died from cholera. Taken in quantities of seventy-five to ninety grains per diem, the borax would not only exert a direct action upon the microbes in the intestinal canal, but would be taken into the blood and destroy the organisms there present. The constipating effect of borax would be another indication as regards cholera. He recommends that those exposed to cholera should wash the mucous membranes frequently with a solution of boracic acid or borax, and also take about ninety grains of borax internally each day.—*Medical Record.*

CROSSING THE LEGS, AND THE MODE OF SITTING.

In the *British Medical Journal*, May 10, 1884, we read that M. Delaunay, of Paris, has made an extended and careful investigation to ascertain if, in the majority of cases, the right upper and lower extremity be crossed over the left, or the left over the right, and which side most persons incline to when in the sitting posture. According to M. Delaunay, certain breeds of dogs such as terriers, Newfoundlands, and poodles, cross the right paw over the left. The Chinese and Japanese cross the left arm over the right. Europeans cross the right over the left. M. Delaunay observed, in the *creches* and *salles d'asiles*, that infants under three years of age cross the left arm over the right, older

children crossing the right over the left; sixty per cent. doing so at six years of age. Robust children cross the right arm over the left; the idiotic and weak, including those who are incapable of working, cross the left over the right. The Calmucks and Arabs cross the right over the left, like the Europeans. A great many women cross the left leg over the right. Among the opera-dancers some always cross the right leg over the left, but not one the left over the right habitually; the majority cross the left over the right or the right over the left indifferently. Robust children cross the right leg over the left earlier than their weaker playmates. Persons who cross the right leg over the left lean towards the left when sitting; those who place the left uppermost lean to the right. Hence, consistently with what might have been expected from what is observed in children with regard to crossing legs, until six years of age children lean towards the right, and afterwards towards the left. French schoolmasters, it would appear, try to prevent their pupils from assuming this position, believing that scoliosis results; hence they encourage or enforce the use of elbow-rests *(accoudoirs)*, which oblige the children to sit straight—a useless measure according to M. Delaunay, as the position they choose is in conformity with the process of evolution. Tailors affirm that the back of a pair of trousers is always more worn on the left side than on the right. Left-handed people always sit towards the right. M. Delaunay concludes from these observations that the left brain developes previously to the right, and finally the right predominates.—*Med. and Surg. Reporter.*

MASSAGE IN THE TREATMENT OF STRICTURE OF THE URETHRA.

The difficulty of passing a sound in stricture of the urethra following gonorrhœa depends, in the majority of cases, not so much upon the simple narrowing of the urethra itself as upon proliferation of the connective tissue in the surrounding parts. This hyperplasia of the connective tissue occurs in irregular patches about the urethra in such a way as to render the canal tortous, thus increasing the difficulty of passing an instrument to the bladder. Dr. Geza v. Antal relates a number of cases (*Centralblatt fur Chirurgie*, June 7, 1884) in which he succeeded in inducing absorption of this hyperplasia by massage, The duration of each sitting was from eight to ten minutes, and the massage was repeated daily. Massage of the pendulous portion of the urethra presents no difficulties, but that of the membranous and prostatic portions is possible only through the

rectum. Internal massage by means of the repeated introduction and withdrawal of a sound, as recommended by Bardinet, does not commend itself to the author. It is only possible in those cases in which the stricture is already permeable, while v. Antal's method is of especial value precisely in those cases in which the urethra will not admit of the passage of a bougie. Further than this, internal massage acts only upon the thin layer of tissue immediately surrounding the urethra, while the external method causes the entire hyperplasia to disappear. The author thinks that in many cases massage will be used in preference to urethrotomy.

SEXUAL INSANITY.

In the *British Medical Journal*, June 28th, 1884, Dr. Macleod published a brief paper on this subject. This disease generally occurred in young girls and women from 18 to 24, who were affected with amenorrhœa or dysmenorrhœa. An illustrative case was that of a girl, aged 24, who came of a healthy family, but was not so strong as the others. She was well until 17; menstruation was painful and irregular. Her habits then changed; she became dull, gloomy, and at times irritable. This went on for years. Then she became excitable, and was removed to an asylum for nine months. She did not improve. She then became depressed, and her health fell off. Two months ago, she came to Beverly. She was dull and apathetic, and would not work. She was untidy and dirty in her habits; at times she showed erotic tendencies. She was free from organic disease. Her menstruation was normal; she was somewhat anæmic. These patients manifested erotic tendencies, and frequently masturbated. The character was perverse. The disease was sometimes attributed to disappointment in love, but probably existed before the supposed disappointment. There was often hereditary predisposition, and neurotic tendencies. The disease was characterized by sharp attacks of excitement, followed by apathy. It manifested periodicity. The physical health was generally poor, with anæmia and a general want of development. The prognosis was favorable if the patient lost the characteristics of girlishness and developed into womanhood. In the treatment, the two chief points were the establishment of the menstrual flow, and the restoration of the bodily health. Fat-forming foods, with iron and tonics, were best. Sedatives and stimulants should be avoided. Asylum treatment was the best, where there was a regular system of work.—*Medical and Surgical Reporter.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

THE ADVANTAGES OF SKIN GRAFTING.

Although much has been written upon this subject, the marked improvement which this process institutes in the treatment of ulcers or other lesions of the skin, which do not heal well, whether the result of operations, burns, or whatnot, does not seem to have been as yet fully appreciated by the profession. But anyone who knows the value of this process, and who is familiar with the old-time method of treating varicose ulcers and extensive burns, by salves, lotions, and caustics, with the consequent filthy discharges, the vexatious and long continued treatment often extending over months and even years, cannot but congratulate himself that he lives in the days of skin grafting. Having had excellent opportunities to investigate this valuable acquisition to surgery, we desire to call attention to the results which may be attained by it, expecting to add but little, if any, to what is already known upon the subject.

The consent of the patient is usually readily obtained when the advantages of this mode of treatment are properly represented, these being—1st, the rapidity of cure over the older methods, counting by weeks instead of months or years;—2nd, the absence of contraction and deformity usual in ordinary cicatricial tissue;—and 3rd, the less liability to recurrence of the ulcer, while to these may be added, the almost painlessness of the operation, patients seldom complaining during the operation, and indeed urging its repetition should a second grafting be required. The desired consent being obtained, two important elements of success are still wanting, viz., absolute rest, and healthy granulations in the ulcer, both conditions being absolutely essential. No horticulturist would attempt grafting on an unhealthy stem, so it becomes necessary to rouse the ulcer to a healthy condition by poultices or moderate local stimulation.

When the granulations have assumed a healthy character, the grafting should be done, and the mode which we have found

most simple and successful is—to grasp a portion of the skin of the arm by a forceps and snip out, with scissors, an eliptical piece about half an inch long and three-eighths wide; this is divided into fragments one-quarter of an inch square, not smaller, and laid on the granulations—the raw surfaces being placed in contact of course—and over them adhesive strips applied, while over all a roller bandage is neatly adjusted. If the edges of the little wound thus made be brought together with a couple of sutures, and adhesive strips placed over them, it will heal in from three days to a week. If the ulcer is small, two or three grafts a quarter of an inch square, may be taken from separate places on the arm, this having the advantage of allowing the arm to heal sooner, but if there is a large ulcer, or an extensive burn, then a large piece is more convenient. The dressing should not be disturbed before the third day, when the grafts will be found to have become adherent, not disappearing, as is often the case when smaller ones are used; the ulcer will be found to have taken on a new and more vigorous life; the edges will have begun to close in under the stimulus given by the grafts, making more growth in a single day than by the older methods in a week, while the occasional applications of some smart stimulant to the edges of the ulcer, as may be needed, and the application of adhesive strips and bandage to be changed every second day, constitute the after treatment. Should the ulcer be a large one, the grafting may be repeated in from two to three weeks, placing the grafts about an inch from the edges, as growth only occurs from the circumference toward the centre, the grafts themselves making but little advancement. We are convinced that the size of the grafts is a matter of great importance, and that the smallness of them is a frequent cause of failure. Pieces a quarter of an inch square will be found far better than smaller ones, as the latter often slough away.

It is generally recommended that the grafts be taken from the inside of the arm, in front of or below the biceps, but after taking them from the opposite thigh, the body, and various places on the arm, we conclude that the outside of the arm along the posterior border of the deltoid, is the most eligible point, as the cut in the arm heals best, this being *the point* of *least motion*, while

the contractions of the biceps delay the healing when the grafts are taken from its vicinity. Just which particular histological element of the skin is concerned in the growth of these grafts, has been a matter of much speculation. Prof. Frank Hamilton, the eminent originator of skin grafting, holds to the belief that the epidermic layer alone is the life-giving element. Virchow, however, asserts the epidermis to be in itself "an inert mass which is gradually removed from the surface." Having seen this layer slough away from the grafts while the true skin was growing, and having grafted the epithelial layer alone, and failed completely, we have arrived at the conclusion that the epidermis furnishes none of the elements of growth, and were we allowed the indulgence of theorizing, we would say that probably every part of the true skin, except the nerves, has to do with this growth. Circulation is probably at once established by capillary attraction from the vascular growths, the future elements of growth being the connective tissue cells.

The following cases, two of many which did space permit we might submit, illustrate the advantages of skin grafting: Henry Snowden, a carpenter, was injured by a large timber falling upon his thigh and crushing it; a slough formed and separated, leaving a large ulcer, which nine months later, when he came under our notice, had dwindled to one of about five inches by three. It was exceedingly indolent, and had been treated by every possible means except grafting. This being done it healed completely in three weeks, although after the first few days he worked eight hours a day while the healing process was going on. This case brought another; an indolent ulcer of nearly a years' standing, also on the thigh, measuring about six inches by three, the result of a bad burn. Eight pieces were grafted, of which six took, and in nineteen days the ulcer had completely healed over. Nearly a year has now elapsed and it still remains healed.

THE REMEDY FOR BROKEN DOWN SYPHILITIC SUBJECTS.

One of the last if not the last article that the late Dr. J. Marion Sims wrote for the medical press, was one to the *British Medical Journal*, concerning the value of stillingia as an anti-syphilitic. This paper awakened considerable interest among medical men on both sides of the water, and called out many

other articles endorsing, and some condemning, the remedy, which at once came into popular use though it had long been known and employed by eclectics as can be proven by works published many years ago. Personally we have used it for some years, in a certain form of syphilis, with the finest results, and have prescribed it with marked effect when other remedies had failed. The form of syphilis in which it is especially useful, is secondary, where tertiary symptoms are beginning to show themselve, but it is also very useful later in the tertiary stage, in combination with the iodide of potassium.

The great majority of practitioners of the *old* school regard mercury, in some form or other as the sheet anchor in syphilis, while an equally large majority of the *new* denounce it as both useless and harmful. While we have never in the course of practice, even once, prescribed mercury, yet we candidly confess that in certain venereal hospitals, especially under Auspitz, we have seen some forms of syphilis, chiefly the primary in robust patients, seemingly undergo marked improvement under its administration, but nearly every one will admit that whatever it will do for the primary state in robust patients, it is, to say the least, extremely objectionable in the secondary stage in broken down subjects, and if administered at all under such circumstances could not be carried to the point where it would have a marked effect upon the syphilitic eruption. This being ths case, it has been the custom of such of our old school friends as do not blindly follow the authorities, and give a remedy recommended even if it be contra-indicated in the case in hand, to fall back on iodide of potassium, and indeed it was a fall back, for the latter remedy though most useful in the tertiary stage, has been found inert in the secondary, having very little, if any, effect upon the eruption. Sarsaparilla at one time had quite a reputation, and it was thought next to impossible for a patient to recover without it, but it is seldom if ever administered now, except for its moral effect.

As we have before said, we do not use the mercurials, but suppose for arguments sake that we admit that for the primary stage, and in healthy subjects, even for the secondary form, iodide of mercury is the proper remedy, as iodide of potassium is for the tertiary, there still remains a vacancy. What is the remedy in the secondary stage when the patient is broken down in health, or where mercury has been used without any good effect? There is, to our way of thinking, but one remedy in the materia medica that can fill the vacancy properly, and that one is stillingia. For broken down subjects with the syphilitic eruption, to patients on whom mercury has had no effect, or only

a bad one, and to patients in whom the bones have become affected, and the secondary manifestations still continue, let this remedy be given.

It is a well known fact that many remedies of decided merit have fallen into disrepute and disuse, simply because the preparation used was an imperfect one, if not indeed altogether inert, and it is our firm belief that herein lies much of the cause of the failure which some have reported in the use of stillingia. That the preparation be a good one is as necessary to success in the use of this as of any other remedy. We commonly employ that prepared by Theodore Metcalf & Co., of this city, and we do so with a confidence that results fully confirm. To anyone trying the remedy for the first time, or to anyone who has tried it and without success, we say, "get Metcalf's preparation, use it under the conditions before described, and we feel assured you will attain gratifying results."

THE ECLECTIC MEDICAL COLLEGE OF NEW YORK.

In calling attention to this college, the annual announcement of which appears in our advertising pages, we do so because we would impress upon the friends of liberal medicine in the East, and especially in New England, the importance of increasing our ranks by inducing such young men as are by nature and education adapted for our profession, to engage in the study of medicine. We very much need more practitioners in all the cities and larger towns in this vicinity, and we have no doubt that the same lack of physicians of our faith prevails throughout the New England and middle states generally. Places are constantly being left vacant by the death or change of location of some one or more physicians who have heretofore enjoyed a lucrative practice, and are being filled by the most bitter enemies of our school, when they might just as well be occupied by men who would become influential in the various communities, and thus make our branch of the profession strong enough to command that governmental fair play which is still denied us. It is a well known fact that eclectic physicians succeed very much better on the average, even when, as is sometimes the case, their qualifications are a trifle lower in some departments, than those of their old school neighbors, for the principles of true eclecticism, more than all else, tend to insure success.

What we especially need is an increase in members, and we could mention a number of thriving towns and cities in this state alone where are excellent openings for eclectic physicians.

"The harvest truly is great, but the laborers are few." The Worcester Medical College should long ago have been re-established. Many students who would have by preference attended an eclectic institution have been compelled to attend some other, because so much more convenient and nearer home, and the many influences brought to bear have instilled into their minds erroneous views, and under the pressure of the tide they have been carried into one or the other of the exclusive schools of practice.

It is plain, then, that it is our duty as well as our interest, 1st, to do all in our power to increase the number of eclectic practitioners in this section of the country, and thus popularize and strengthen our cause; 2nd, to recommend students only to eclectic colleges, in their interest and ours; 3rd, to do all in our power to build up and encourage the various institutions that we now have as well as to establish others as fast as it can be demonstrated, that such new ones are needed and can be sustained.

The New York Eclectic Medical College is the nearest and most accessible for the present, to which we can recommend our students. It is every way worthy of our support and offers unexcelled facilities for instruction, in all the branches of medical science. The hospitals of New York City are open to the students of all schools and afford advantages in the way of clinical instruction, etc., such as can be found in no other American city. We can but recommend this college to the favorable consideration of the eclectic physicians throughout the New England and middle states.

PERSONALS, BRIEFS, ITEMS, ETC.

What is the difference between a man and a woman? *A vas deferens.*——*The International Medical Congress*, recently in session in Copenhagen, received and accepted an invitation to hold its meeting of 1887 in Washington.——*Dr. J. W. Towne* of this city, well known to many of our readers, having been in poor health for several years, is about to remove to an adjoining state.——*In a large number of instances* a marked therapeutical difference exists between preparations made from *fresh* and from *dried* drugs. Green drug preparations are original with, and are alone prepared by, The Wm. S. Merrell Chemical Co., who for 25 years or more have contended for an investigation of the principles underlying their claims. Chemists and pharmacists have scouted the idea, opposing manufacturers have ridiculed, because they could not successfully argue, but physicians without

number have found that for purity, uniformity, and reliability the preparations of this house are unsurpassed, and are conspicuous for their freedom from deposits of undissolved material. These preparations are earnestly advocated by Drs. Bartholomew and Squibb, Profs. Atfield and Holmes, of England, and many others of equal note on both sides of the water. Recognizing the necessity of preserving volatile substances in a large number of American and foreign drugs, this firm preserve many remedies in alcohol from the hour they are gathered, and also import direct from Dresden many fluid preparations of such standard drugs as aconite and hyosciamus, which are prepared from undried material.———*Charles Reade* called his dog "Tonic" because he said it was "a mixture of bark, steal and whine."——— *Swamp fever* has killed off 5000 of the 15000 negro laborers employed on the Panama canal during the last three months. ———*It was Dr. O. W. Holmes*, we believe, who said that easy-crying widows take new husbands soonest. There is nothing like wet weather for transplanting.———*Many physicians have abandoned* the use of glass syringes because of their liability to break, and now employ the less convenient and more expensive ones made of hard rubber. To such we recommend the glass syringes made by P. J. McElroy, of Cambridge, which we have used for some years, and without a single mishap. Glass syringes are decidedly more convenient, since one can see the contents which are being injected, or the nature of the fluid that is being withdrawn. The fault with the ordinary syringe is that it is made of inferior glass—made to sell and not to use—but McElroy's, which are of all sizes and shapes, are constructed of the best material, and are every way reliable. Each one bears a *red* label and the maker's name and address. They received the highest premium at the Centennial, and are undoubtedly the best. Ask your druggist to get McElroy's for you. ———"*So you prefer* my medicines to those of Dr. Pillsbury, Mrs. Mulligan." "Och, indade dochter dear, ye're a deal better than th' other ould humbug."———*Oil of wintergreen*, mixed with an equal quantity of olive oil, or linimentum saponis, and applied to inflamed joints in acute rheumatism, affords instant relief, and having a pleasant odor, its use is agreeable.———*A recent editorial* in the *Medical Brief* says, "many have become victims of the opium habit from the administration of the drug in some form for the relief of neuralgia. It is very gratifying to note that such dangerous consequences may be averted by the use of Tongaline, or liquor tongæ salicylatus, which is almost a specific in the acute forms of the complaint." We have found it equally effective in neuralgiæ of long standing.

CORRESPONDENCE.

DR. MUNN MALICIOUSLY PROSECUTED.

Editor of Massachusetts Eclectic Medical Journal:

In 1883, the report was assiduously circulated through the newspapers, that I had been prosecuted for mal-practice. It was asserted that I had mistreated a case of sore eyes in consequence of which the patient was totally blind.

The facts were that the disorder was granular conjunctivitis, and had existed six months or about that time, before the patient came to me. He was intemperate, and his eyes were very bad. He refused to let me treat them as I wished. I advised him then to go to some specialist. This he did. Two months later he returned home nearly blind.

Acting under the advice, as he declares, of certain old-school doctors, he instituted proceedings against me, setting his damages at $10,000. He did not bring it to trial, or even file a bill of costs, as ordered by the court. I offered to try it with a bond, but the proposal was not accepted. The court ordered a non-suit, giving me judgment for costs.

The case was contracted originally by certain old-school practitioners, who had treated him after I sent him away. What they did it for was to thrust on me the blame of their own blunders. It is very easy, and indeed almost natural, for some such men to set a miserable wretch at work to make trouble for those who are outside their privileged domain. They can thus maliciously annoy us and saddle us with lawyer's fees. It seems to be this class of men that pay lobbies about our legislatures to get bills through to protect the people, always meaning themselves, from irregular practitioners. Well educated gentlemen have no part in such miserable work.

I write this to re-assure those of my professional brethren who have feared that I had been caught in an unfortunate dilemma. I am still on top. Those whose humanity leads them to sympathize nobly with the under dog in the fight, may rejoice that I am not yet in that predicament.

Waterbury, Ct., Sept. 1884. S. B. Munn, M. D.

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Each Dose of Two Tablespoonfuls equal to 120 Drops, contains:

Pure Cod Liver Oil	80 m. (drops)
Distilled Water	35 "
Soluble Pancreatin	5 Grains.
Soda	⅓ "
Boric Acid	¼ "
Hyocholic Acid	1/20 "

DOSE:

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

Hydroleine (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

Sold at all Drug Stores at $1.00 per Bottle.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

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NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	- - - - -	2 1-2 gr. to 1 oz.
" " Hot Water,	- - - - -	12 " 1 oz.
" " " Alcohol,	- - - - -	3-4 " 1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr.
Podophyllin, - - - - - - - 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid (in Crystals)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

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[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

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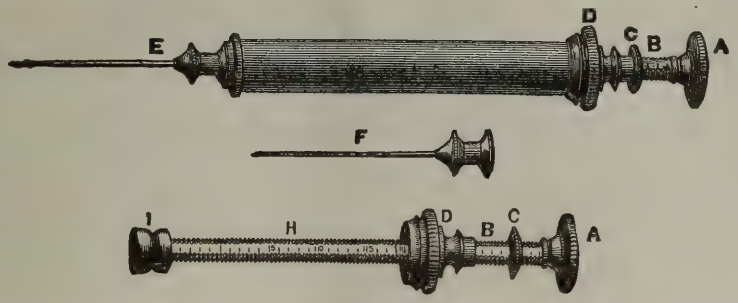
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Further information and catalogues may be obtained by addressing George W. Boskowitz, M. D.. Dean, or Thomas G. Fay, Clerk, Eclectic Medical College, 1 Livingston Place, New York.

NEW HYPODERMIC SYRINGES.



No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a pr cess peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

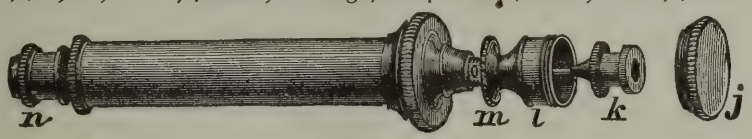
No. 3, Compact, has hollow piston rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the pocket instrument or vial case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4: one only with No. 3. They are refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices; No. 1, ***$3,50;*** No. 2, ***$4.00;*** Postage, .03. | No. 3, ***$2.50;*** No. 4, ***$3.50;*** Postage, .02



No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case..... $3.00. Postage, .02.



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No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case..... $3.00. .02.
No. 7 or No. 9, with two steel unplated needles, either..... 2.50. .02.
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No. 11, glass cylinder, fenestrated nickel-plated metal mounting (see cut).



No 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its lesser liability to breakage. Price, with two best steel gilt needles, in a neat case ..... $3.50. .02.

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Hypodermic Syringes of all kinds Promptly Repaired.

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THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

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IN

CHOLERA INFANTUM

will be found superior to all foods. Ten per cent. of the Beef is peptonized, which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

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For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

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Very respectfully,

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How to Administer Nauseous Medicines in an Acceptable Manner.

During the past couple of years we have received so many unsolicited testimonials to the efficiency of

CASCARA CORDIAL

as a vehicle for the administration of drugs which are offensive to the palate, that we were induced to test the range of its applicability to this end. The result of our experiments has strongly corroborated the reports, and justifies us, in asking for this preparation, a trial in the prescriptions of nauseous medicines with ***special reference to quinine.***

It requires no argument to convince physicians of the desirability of palatability in mixtures, but the important matter has been neglected, to the detriment of regular medicine in the regard of the public, chiefly because of the existence on the market of no agreeable and reliable excipient which could be ordered on prescriptions, and thus obviate the danger of change in the medicinal nature of the compound which exists when the druggist is given a carte blanche order to make the mixture agreeable. When the peculiar tonic laxative properties of Cascara Cordial are considered, its value as an excipient in a large number of cases, will be all the more apparent.

We respectfully request physicians to test the value of Cascara Cordial in the direction indicated.

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FILLED CAPSULES.

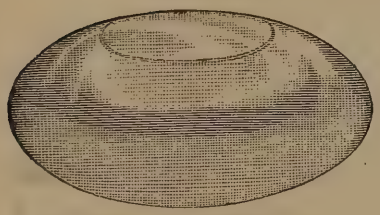
Few preparations illustrate more strikingly than these, the value of the service which pharmacy is rendering the practitioner of medicine. While we manufacture these SOLUBLE ELASTIC FILLED CAPSULES of all sizes, ranging from ten minims to half an ounce, it is more particularly to the larger sizes that we would now ask attention. The small sizes have been before the profession for a considerable time, and are, therefore, familiar. Comparatively few practitioners, we believe, realize the great advantages which would accrue, both in the increased satisfaction to the prescriber, and the comfort and well-being of the patient, through the general employment of these capsules in the administration of the more bulky and nauseous oily drugs, *e. g.* Castor Oil and Cod Liver Oil.



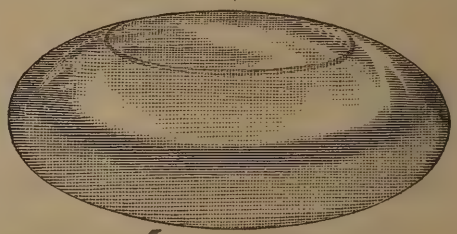
2½ GRAMMES.



5 GRAMMES.



10 GRAMMES.



15 GRAMMES.

These filled capsules being soft and elastic, and readily lubricated with the saliva, are swallowed with the greatest ease, even when of the largest size —containing half an ounce. A tablespoonful of castor oil or cod liver oil may be thus given with the utmost facility when any other method of giving it would provoke nausea and vomiting.

We claim for the ingredients with which our capsules are filled absolute conformity to the highest standard of excellence.

SPECIFY P., D. & CO., ON PRESCRIPTIONS and thus guard against the substitution of inferior preparations.

PARKE, DAVIS & CO.,

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(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of. any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes.

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

" 'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—" 'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M.D., F.C.S., University, Mich.:

Jan. 7, 1884.—" 'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M.D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesscs donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

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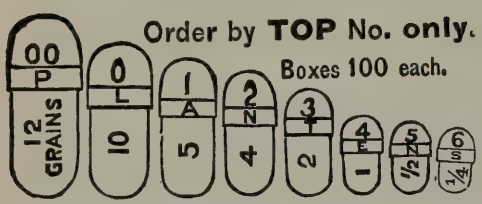
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Extracts from Essay read before the American Medical Association, at Washington, D. C., May, 1884, by B. N. Towle, M. D., Boston.

Case 1. Mrs. A., aged 28 Years.

This patient had been failing for six months. When I first saw her, she had a sore throat, cough, free expectoration of a glairy mucus, pain, and tenderness through right lung just below the clavicle, debility, emaciation, fever and night sweats; pulse 100, temperature 99½, appetite poor, and food distressed her. Had hæmophysis twice.

An examination of the chest revealed a dullness below right clavicle, with diminished respiratory murmur, with moist crepitations over top of both lungs. Treatment: hypophosphates of soda and inhalations of oleopinisylvestris for two months, with but little or no improvement. Raw Food added, and in six weeks she gained twelve pounds, and was able to resume her home duties.

Case 2. Miss B., aged 22 Years.

First saw her in 1880. Symptoms: A course, harsh cough; free expectoration of cell mucus; pain in left side through to shoulder; throat dry; loss of appetite; diarrhœa and constipation alternating; fever at night; pulse 110; temperature 100; considerable emaciation and great weakness; constantly getting cold, and having fresh attacks of pleurisy.

She had been treated by her family physician for seven weeks, with no improvement.

Blisters to the side and Raw Food was advised, and in five weeks she was able to resume her work in a shop.

Case 3. Mrs. H., aged 55 Years.

This patient had nervous exhaustion from overwork and the loss of a daughter. She was very much reduced, not able to walk on the street; great nervousness; sleepless nights and confused and troubled days, often affirming that she should be insane; no appetite; food distressed her; constipated; great mental depression, often wishing to die. The whole list of nerve tonics and sedatives was tried and failed. I put her on Raw Food, and she at once began to mend, and in six months was well.

Case 4. Aged 22 Years.

For the last five years this patient has been a constant sufferer from cancrum oris. For weeks at a time her cheeks and tongue have been one mass of ulcers. Whole days the saliva would flow continually from her mouth. Appetite very poor, with a burning pain in mouth and stomach after taking food, and an intolerable faintness when the stomach was empty.

For four years she had been suffering in this way, until not able to wait upon herself. One year ago I advised Raw Food, and she has continued it until the present time. She now has very little trouble from the canker, and is quite well and strong—able to share the care of her household.

Case 5. Mrs. F., aged 30 Years.

Bright's disease of three years' standing. Symptoms: Uræmic, Urimis vomiting; frequent epistaxis; sallow, milky complexion; great thirst; good appetite; food often came up as soon as swallowed.

I saw him, and advised mineral water and Raw Food, which he was able to retain, and improved on it for a time, but finally died. This case showing that Raw Food could be retained on the stomach when other food was rejected.

Extract from Essay read at Richmond, Va., before the American Medical Association, by Geo. R. Shepherd, M. D., Hartford, Conn.

Chronic Strumous Arthritis of the Knee—Caries of Femur and Tibia—Incipient Secondary Disease of the Lungs, with Waxy Liver and Spleen.

Mr. S., aged 34, came under my care in the spring of 1880, on account of strumous arthritis of long standing. He had been treated by advertising quacks so long as his money lasted, and then applied to an educated surgeon, who prescribed cod-liver oil and iron; but he had no regular attention till the time of my taking the case. I found the knee joint swollen and tender, with numerous sinuses leading toward it. The exhaustion from long-continued discharge, and inability to digest his food, was so great, and the symptoms of incipient disease of the lungs, liver and spleen were so marked, that I considered the case, as I first saw it, a hopeless one, and any operation entirely out of the question. After a short trial of the oil, iron, etc., as there was no improvement, I gave him Murdock's Liquid Food in place of the oil. This he took nicely, and before long began to give evidence of increasing strength. The sinuses contracted and healed, the pulmonary symptoms improved, and at the end of four months he began to walk on his crutches, and after a while was able to go up and down stairs.

He now went away upon a visit to his friends in New York, and upon his return I am satisfied he did not have nourishment enough of any kind, he having relinquished his Food when he left the city. I did not see him until some three or four months after his return, and then found him much reduced in strength, and with increased discharge from his limb. Prescribing a little potash to quiet his pain at night, I immediately resumed the Liquid Food, and was pleased to note an improvement almost immediately. But, although he gained in general health, still the local disease remained nearly the same, with this exception, viz., there was much less pain at night, und the sinuses contracted and discharged much less, although they did not entirely heal. The spleen decreased somewhat in size, but the liver remained about the same. The urine was normal. Severe illness of his child and sickness in my family caused me to content myself with this condition till April 28 of this year, when, with the assistance of Drs. Packard and Crossfield, I placed him under ether, and, cutting down upon the internal condyle, found a small portion of dead bone, about the size of a cent. I could not believe that this marked improvement in general health was compatible with very extensive disease of the bones; and still I was prepared to reset the joint, if found necessary. After removing the external plate of dead bone, I began scraping away the soft, carious portion beneath, and soon had penetrated to the opposite condyle, where I found a thin plate of sound bone. To be brief, I found the lower four inches of the femur and the head of the tibia, with two inches or more of its shaft, a simple shell of bone, filled with the carious pulp; and, since resection was out of the question, amputation was performed in the middle third, and the stump healed by first intention, through five-sixths of its extent. [May 16—The stump is all healed, and Mr. S. walking about everywhere.]

At the time of the operation the spleen was found to be about natural in size, and the liver but little larger than it should be, though still firm and thick.

This case is remarkable on account of the improvement which took place while taking the Food, although there existed such extensive disease. [July 9, 1884—Now in perfect health.]

Any Physician who has a case that will not yield to treatment can have a bed assigned, and can treat the patient daily if he wishes to. Contagious cases not admitted.

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Essay read at Deer Park, Maryland, before the American Institute of Homeopthy, June 17, 1884, by G. E. Sparhawk, M. D., Burlington, Vt., will be in our new pamphlet.

Extract from Dr. G. B. Peck's (of Providence) Essay before the Thirty-third Congress of the American Institute of Homœopathy, at Milwaukee, Wis.

Symptoms resulting from loss of blood should, of course, be treated by their similia; so generous a diet will be given as the condition of the patient will permit. Above all things else stands "Murdock's Liquid Food."

From the American Homœopath, January, 1884.

FOOD EXTRACTS. The value of Murdock's Liquid Food is fairly illustrated in the following case, a friend of ours: This lady suffered from general debility, the outcome of a residence in a malarious district, greatly intensified by unskilled treatment. Under homœopathic care and a change of residence some improvement was noticeable, but the debility continued, notwithstanding close study of the case; a normal weight of 118 pounds was reduced to 96, when Murdock's Food was prescribed, and in three months health was re-established, and a gain in weight of 25 pounds resulted from its continued use for some six months.

From the Peoria (Ill.) Medical Monthly.

We have used Murdock's Liquid Food in a number of cases of great debility, and where the stomach was unable to retain any kind of food; in some cases, in fact, the patients were starving to death. The results have been *all and more* than we expected. We think it needs but a trial to prove its worth to every one—EDITOR.

From the New England Medical Monthly, July 15, 1883.

A hospital containing over seventy beds has recently been started in Boston by the Murdock Liquid Food Co. This is a noble charity, and one that reflects great credit upon its projectors, If the success of this institution is as great as the Food they make is valuable, we predict for it a magnificent success It is certainly one of the most valuable dietetic preparations in the world. We speak from a long and extended experience in our practice and in our own family. If it could only be made to taste a little better it would be perfect.

From the London Health, July, 27, '83.

HOUSEHOLD NECESSITIES. "Murdock's Liquid Food" may be specially mentioned. This extract has attained a high reputation in America, and from a knowledge of its use in the wasting diseases especially childhood, it has hardly an equal in respect of its speedy digestion and strength. In general debility this Food is of high value, and those who have cases of wasting disease under their care should give this Food a trial.

From the New England Medical Gazette.

MURDOCK'S LIQUID FOOD IN VOMITING OF CHOLERA INFANTUM.

BY F. L. BABCOCK, M. D., DEDHAM, MASS.

Every physician in active practice has probably been somewhat troubled in this terrible disease in infancy with most obstinate vomiting of all food taken into the stomach. We have found the most happy relief from this troublesome symptom in the use of "Murdock's Liquid Food"—by the complete withdrawal of *all food* and the use of this Liquid Food, five drops in one teaspoonful of water every half hour alternately with the medicine. In several instances the case seemed hopeless; in spite of the best selected remedies, the vomiting continued unchecked. It ceased immediately upon receiving the Food, and in a few hours the little sufferer would begin to improve. As improvement progresses, we gradually increase the amount of Food given to ten drops per hour. By this means we have been able to turn what seemed to be most certain defeat into signal victory. We have heretofore always looked upon the symptom of vomiting in cholera infantum as secondary in importance to the diarrhœa. But we have observed that, in proportion as we have been able to check the vomiting, we have seen improvement in the diarrhœa.

The following cases in our practice may serve to show its value in some most troublesome cases:

Case 1.

Was called to attend Baby C——, aged sixteen months, and found a well-developed case of cholera infantum: Profuse watery diarrhœa; vomiting of everything taken into the stomach; intense thirst; head hot; hands and feet cold. *Ver.*, *Ars.*, *Cham.*, were each given according to indications, without benefit. From the first the vomiting and diarrhœa continued unchecked. The infant became greatly prostrated in strength and reduced in flesh; eyes sunken and turned upward into the head; pulse very weak and rapid. At this stage the regular food of the child was taken away, and Murdock's Food given, as stated above, and with the best results. From the first dose of the Food the vomiting ceased, and the child did not vomit afterward. The diarrhœa continued for a short time, but the child began to recover as soon as the vomiting ceased. The diarrhœa was relieved by *Veratrum alb.*, and the child made a good recovery.

Case 2.

Was called to see Baby F——, aged nine months. Found the child in its mother's arms, constantly crying. Cold hands and feet; head hot; very thirsty. When asleep its eyes are partly open. Profuse watery diarrhœa and vomiting of everything taken into its stomach. Was enabled with *Veratrum alb.*, to check the diarrhœa, but the vomitting continued. Continued *Veratrum alb.*, withdrew all food and drink, and gave Murdock's Liquid Food, five drops in one teaspoonful of water every half-hour. The vomiting soon ceased; and, with a slight relapse on the following day, that was controlled by *Veratrum*, the child made a complete recovery.

We regard this Food as the most valuable auxiliary to our treatment in all cases where the stomach is weak and inclined to reject all food. We have seen the most happy results from the use of th is Food in many of the exhausting diseases of childhood, but especially in the vomiting of cholera infantum.

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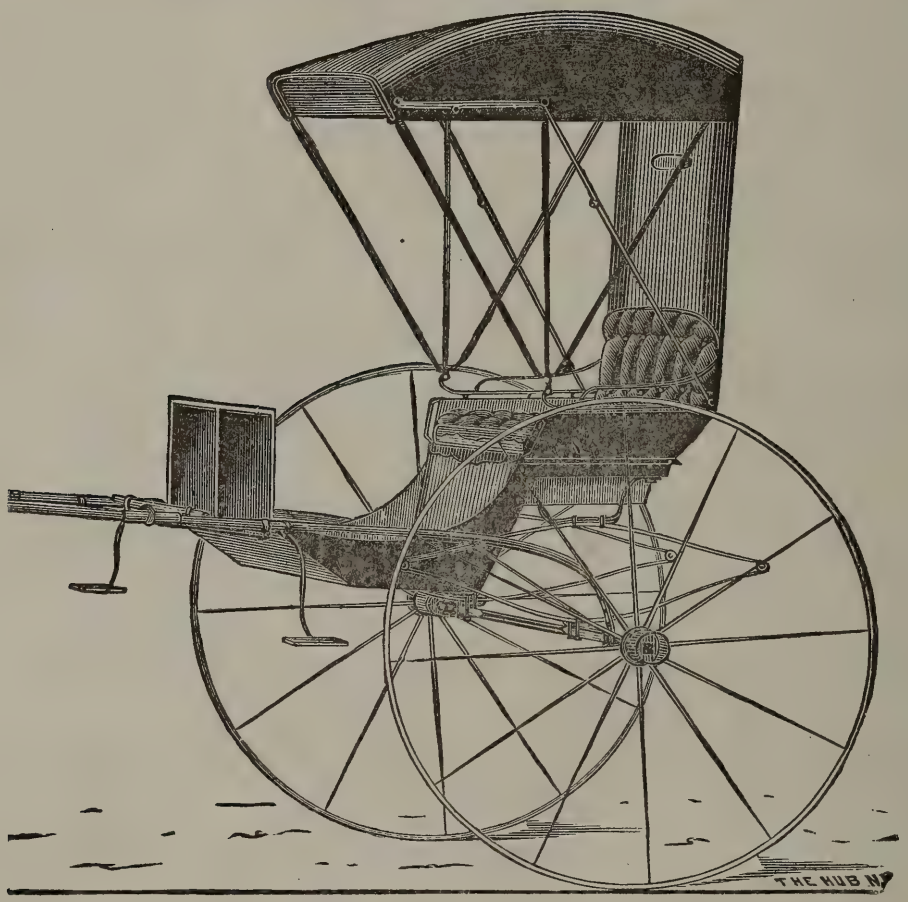
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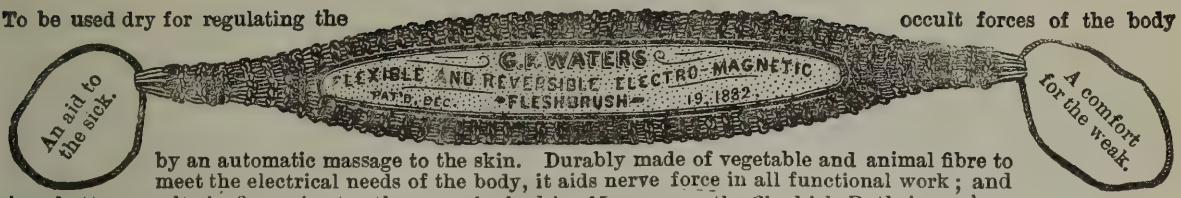
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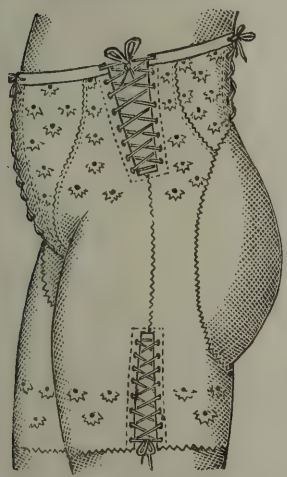
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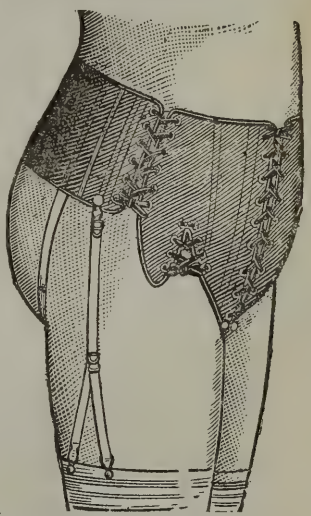
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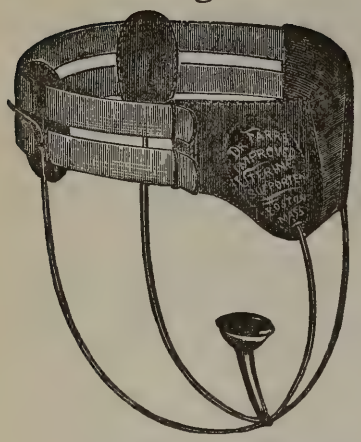
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Fig1.



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Fig2.



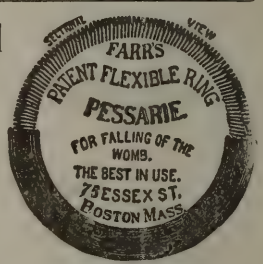
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Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2.	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



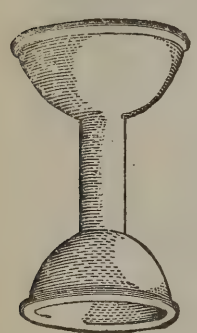
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, $2\frac{1}{4}$-inch outside diameter.
No. 4, $2\frac{1}{2}$-inch outside diameter.
No. 5, $2\frac{3}{4}$-inch outside diameter.
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Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

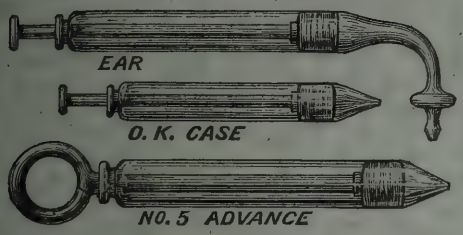
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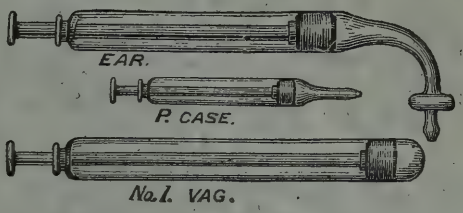


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

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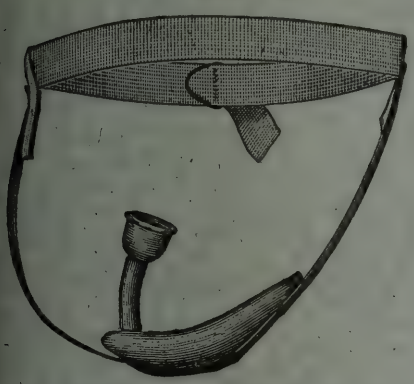
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FIG. 1.



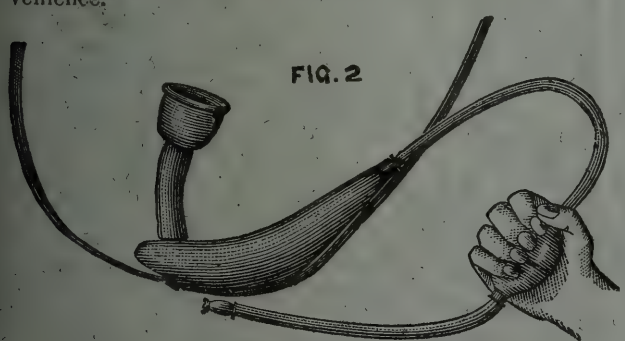
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FIG. 2.

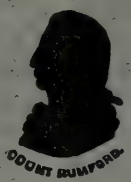


By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing, the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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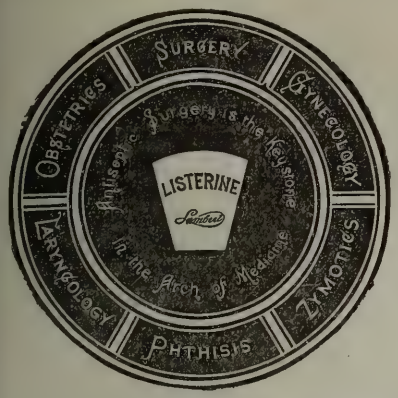
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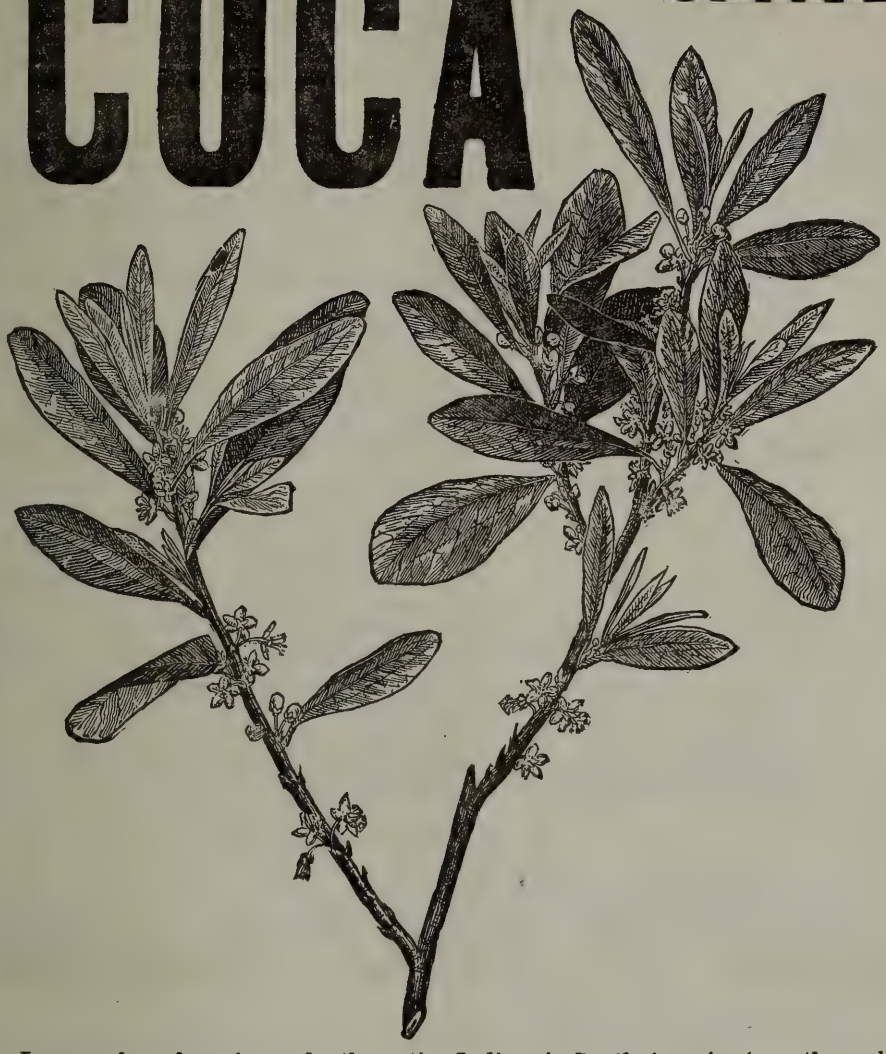
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R. A. VANCE, M.D.

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C. M. FIELD, M.D.

St. Louis, July 20, 1883.
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C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.
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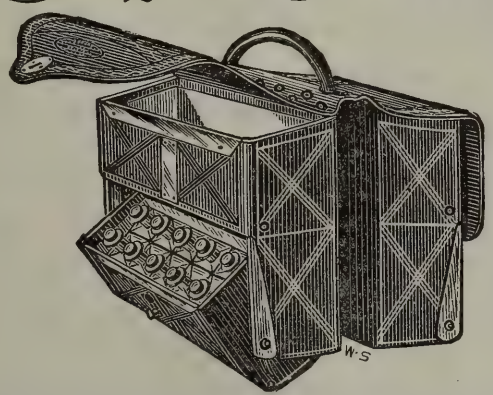
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Malt Foods (the various preparations of barley, etc.) is the same, that they all require cow's milk, even were there no objections to them on other grounds. Under the heading of

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

MEDICAL LEGISLATION.

BY A. L. CLARK, M. D., ELGIN, ILL., MEMBER OF THE ILLINOIS STATE BOARD OF HEALTH.

"*Under which King Bezonian? Speak, or die!*"

ALL branches of the medical profession are at the present and have been for some time past turning their attention toward the subject of Medical Legislation, hence it becomes us as eclectics to well consider the subject and "speak," not hastily or inadvisedly but thoughtfully and carefully upon this matter.

The action of the late National Associatio. at Cincinnati if it represents fairly the mass of the eclectic profession, would seem to indicate decidedly an adverse belief: 1st. In class medical legislation. 2nd. Distrust, almost amounting to opposition to all medical legislation. Upon the first point there can be no diversity of opinion. No class legislation can be permitted, or will be long if there be but a respectable opposing class. The advocates of "regular" medicine have failed to establish in the minds of judges, juries or the people, a belief that they are infallible, or that their system of medicine has become such a science that henceforth there can be no change or diversity of opinion regarding many of its principles. So long as they fail in this, judges, juries and the people, will feel that there may be truth and desirable principles outside of regularity.

Upon however the question of suitable or equable medical legislation there is some difference of opinion, and to this point therefore I wish to call attention. What are the objections? 1st. It is tyrannical; 2nd. It is inquisitorial; 3rd. It is the end of freedom; 4th. We don't need it and (what perhaps covers all) don't want it.

The practice of medicine has to do not only with the health but the lives of the people, hence he who attempts the practice assumes a great responsibility. It is a responsibility which the laws have long considered and to some extent provided for, by holding that in case of disaster to the patient, the practitioner unless exercising a fair amount of skill and knowledge, should be held liable for damages. But what practitioner of twenty years has not seen more than a score of cases that he within himself feels were lost, *lives* were lost, for lack of the exercise of even reasonable skill, and yet "a dispensation of providence" was the scapegoat, and no legal penalties fell upon the real offender!

Those same opponents to medical legislation would not say it was tyrannical, to say to the butcher, "you shall not sell diseased meat;" to the baker, "you shall not put gypsum in your bread;" to the manager of a railroad corporation, "you shall cause the bell to be rung at all road-crossings, and come to a full stop at the crossing of other railroads." It does not occur to them that it is tyrannical even that the lawyer who manages our legal matters in the courts, before he is permitted to assume the direction of affairs usually only affecting our pockets, must first show by examination that he is so well read in the law and so cognizant of the forms of proceedings that the interests of his client may not suffer through his ignorance.

But when any evidence of the physician's competence is demanded they shriek "*tyranny*—let the man go on; whenever he demonstrates his incompetence, the laws already provide the remedy." In other words, let him *murder* and fill premature graves, while a smooth tongue makes amends for brains, and justice, as in ninety-nine cases out of a hundred it does, like the victim, sleeps. No, this is a matter affecting the people. There is no right *per se* to practice medicine, no right save such as is

acquired through permission of the people, either tacitly or through legislative enactment, and it is no more tyranny that the law should see to it, that the physician is reasonably well qualified for the practice of his profession, than that it should supervise the actions of the butcher, the baker, the railroad manager, or the attorney.

But "it is inquisitorial." It doesn't hurt honest men to be watched, and rogues need it. It affects one medical practitioner as much as another, and while it is therefore not unfair it is a strong safeguard against many disreputable, dishonest and immoral acts, which unscrupulous physicians have ever been guilty of and which reflect strongly upon all reputable practitioners and tend to bring an honorable calling into disrepute.

"It is the end of freedom." The matter of true freedom is liable to be misunderstood. It is not *license*. In all civilized communities there is a community of rights. These shriekers after freedom do not probably consider that a law is unjust which forbids one neighbor from maintaining a nuisance to others, his neighbors. No such freedom is in a civilized community desirable or tolerable. He who demands a license to follow only the dictates of his own sweet will utterly unmindful of the wishes or welfare of others, must migrate to the Isle of Juan Fernandez. There he may enjoy, like Robinson Crusoe, "freedom" from his stand point. But the moment one single human being appears upon his horizon, that moment he is no longer "free." The whole fabric of civilization rests upon the principle that a community of interests more or less discordant shall be controlled by regulations such that the greatest good and happiness of all shall be secured. He who rebels against this principle and demands such "freedom" for himself that the rights or pleasures of the majority may be damaged, does an injustice to the term freedom—places upon it an uncivilized meaning.

"We don't need it and don't want it." As Eclectics we are quite largely in the minority, and it is the minority more than the majority that need the influence of a legal support, unless indeed that minority proposes to exist as guerrillas.

For the last twenty years Eclectics have been injured more by professed friends than open enemies The disgraceful con-

duct of many who have called themselves eclectics, who have used the name as a cloak under whose freedom they might indulge in every conceivable vagary, the unfortunate and disreputable customs which found favor at the Buchanan and Paine schools of medicine, bore, especially in the East, upon the necks of eclectics like millstones. The name thus became a reproach, and honest, earnest believers in the principle finding themselves reviled and looked down upon, no doubt sometimes in desperation committed improprieties and condoned them in others, which under other circumstances they would have scorned. Horace Greeley once said regarding specie payments, "the way to resume is to resume." The way for us to be respected or respectable *is to be respectable.* We must place ourselves so squarely upon the record that we can no longer be held responsible for the irregularities or peccadilloes of unprincipled hangers on. An attorney convicted of professionally disreputable conduct may be debarred from the practice of the law. Yet to the credit of the legal fraternity I never heard one of them say that this was "tyranny." If in the medical profession we have not that professional spirit that would say that the physician found guilty of professionally disreputable conduct should be debarred from the practice of his profession, we should have it. If we are not ready so to say, then are we behind the legal profession in spirit.

The minority whether it will or no, will be subject to the espionage of the majority. It is useless for us to find fault with or protest against this, it is inevitable. A wise minority will therefore content itself with so arranging its affairs that watching will not harm it. Vituperation, denunciation and invective are not arguments but boomerangs more likely to hurt the originator than any one else.

To my mind it is clearly the duty and policy of eclectics to join hands with all who believe in salutary and impartial laws looking to the purification of the medical profession, to cordially sanction and support every action looking to the better preliminary and general qualification of practitioners of whatever belief, and to uphold every effort tending to the honor and dignity of medical practice. Laws bearing upon the subject we shall sooner or later have in most—probably in all—of the States.

We are an interested minority. To secure such laws as will be right and just for us we must unitedly co-operate. We claim to be progressive. Let us be careful lest we be left behind. The time, if it ever existed, that we can apologize for or countenance laxity in mental training has passed.

SKIN DISEASES.

BY S. B. MUNN, M. D., WATERBURY, CONN.

WHATEVER may be said of skin-diseases, as a distinct feature of nosology, can with equal propriety be said of membranous disorders,, and even of nervous affections. Indeed fundamentally, they are more or less unitary in character. We see one merge or undergo transportation into the other, or metastasis taking place, resulting in an entire change of type. Indeed there can be no philosophical presentation of morbid conditions, where the cause or source is ignored and only the phenomena considered. Dermatology in this particular is rather a symptomatology than a distinct medical department.

It is the development and manifestation of disorders upon the surface which, except in a few isolated cases of temporary and local irritation, are the result of asthenic and morbid conditions of the system. Doubtless the itch, and other parasitic disturbances will be deemed exceptions, yet they are hardly more so than a scald, burn or bruise.

The skin is fed and maintained from the circulation like other structures, and its disorders are caused or at best in sympathy with morbid conditions elsewhere. Hence, the treatment is most successful when it is conducted in accordance with this hypothesis. A very considerable number of disorders have been assigned to the dermic category. We may enumerate the herpetic affections, as numerous as the prolific imagination of a pathologist can invent names for. The varieties of eczema, lichen, psoriasis, pityriasis, erythema and erysipelatous disorders; the exanthems, including small-pox, measles, German measles, scarlatina, chicken-pox, nettle-rash, prickly-heat, etc.; the superficial forms of cancer; syphilides, leprosy, etc.

The number will be enlarged or diminished according to the caprice of the individual describing them. If we name them according to each sporadic manifestation the number will be legion: In fact the diseases of the skin, so often simulate each other that it is difficult to discriminate one from another, so as to determine the name of the one in hand, and if we content ourselves with a rational estimate of their intimate relation to other complaints, and morbid conditions of the body, there will be little occasion for such a multitude of names. Dr. Benjamin Rush, would not learn the later enumerations and classifications, declaring that they were but a profusion of names, given where there were few actual distinctions. The profusion of designations characterizes the sciolist of medical knowledge; the absence of them is far more likely to distinguish the rational intelligent and successful practitioner.

CAUSES.

The causes of skin-diseases are numerous. Intemperance in eating as well as drinking is a frequent cause; not only as regards the quantity but the quality of the food we eat. Certain kinds of food have their influence in producing skin-diseases.

It is considered a crime to sell in the market beef, mutton or other animals having been strangulated by drowning; they get their oxygen in the atmosphere, while fishes get theirs in the water, and when caught and thrown on the deck of a vessel, or on the ground to die are no more healthy than strangulated animals.

Says Professor John C. Draper: "Fish forms the principal article of diet of many nations, but they are generally a poor and miserable class of people, devoid of all ambition, and steeped in poverty and ignorance." St. Jerome gravely relates the story that when the executioner attempted, by the order of Nero, to bleed Seneca, to death, he could not find any blood in his veins, because he had lived on fish and fruit. It is a very common idea that a fish diet renders a population very prolific, and the great proportion of children found in China gives support to the opinion.

It has also been stated that a fish diet is liable to produce leprosy; at all events, it is a well known fact, that a continuous

diet of fish is conducive to the production of nearly all skin-diseases, and there are many persons who suffer severely with herpes, and other painful skin-diseases, if they eat the smallest portion of fish, and especially shell-fish. All fish that has commenced to assume the putrefactive state is unsuitable for use as food, and should never be eaten. We may also say that all fish lose by being kept, and if it is desired to serve them in full perfection, they should be cooked while yet animate. A single meal of fish is a very frequent cause of urticaria. About four years ago a "regular physician" in our city, after having made the second visit to a patient pronounced the case general small-pox. I was employed by the authorities to investigate it, and found a case of uticaria, the result of a meal of stale fish; and so reported to the Health Board.

Another prolific case of skin diseases, may be found in the various soaps that are in use. I have had many cases, especially of women, who do washing; even those who only do their own dish washing, with arms and hands made sore, from the use of soaps they were using. In many of the soaps the vilest kind of grease is used, most of which is in a state of decay; the grease coming from animals who die or are killed because they are diseased. It may be said that the alkalies used are sufficiently disinfectant to render them harmless, but "none in mine if you please." I want none but pure vegetable oil in the soap I use. Physicians should understand that certain medicines are capable of prodncing their manifestations on the skin, or in other words, diseases peculiar to themselves. Many cases of disorders have come under my observation resulting from vaccination, and a few of them have died. Dr. Luddington of New Britain, Conn., vaccinated his son, the result being a disease resembling leprosy, and seven years after he became insane.

Some of the members of the Dermatological Society of New York, at the annual meeting in 1883 referred to certain skin diseases following vaccination. If we know the causes should we not carefully avoid creating them?

The treatment would seem to consist in correcting the morbid conditions of the body, which manifest themselves in their various manners. It is a fact that there are frequent intimate

relations between affections of the skin, and those of the lining membranes. The basis of a very large number of skin diseases, may be found to consist in defective nutrition and assimilation.

Well nourished individuals seldom exhibit the varieties of herpes, mange and scrofulous disorders; they are most common in the abodes of the poor. The eruptive diseases are almost universally the manifestations of unwholesome sanitary conditions. Scarlatina besets ill-cared for children, and will hardly be found where the skin is kept clean and at proper temperature. Small pox ravages districts where drainage is defective; the vital forces impaired by the insalubrious conditions, and filth is characteristic. Armies are most liable to be visited by it, because cleanliness and wholesome surroundings are hardly to be met with. It broke out spontaneously in the hospitals of the English army in the Crimea, thirty years ago, and it has been known to originate de novo on ships where no contagion existed; indeed, it had an origin sometime from some cause, and the same cause might reproduce it.

Since the modes of living have improved, and better drainage and other sanitary precautions are provided, there is general immunity enjoyed. A well fed, well housed, well cleaned community will enjoy almost absolute exemption from the great mass of dermic complaints.

GELSEMIUM AS AN ANTI-PERIODIC.

BY M. W. WILLIAMS, M.D., EVANSVILLE, IND.

Since the accidental discovery of the febrifuge virtues of gelsemium, its use in febrile and inflammatory diseases has been known to the profession. From some it has received the highest encomiums as an anti-phlogistic and febrifuge; by others it is but little esteemed. While I am among those who think well of this drug in its power of reducing the inordinate action of the heart in inflammatory affections, it is not the object of this paper to discuss its virtues in diseases of that kind, but I desire to call the attention of the profession to its *anti-periodic* powers.

I have not had access to all the articles which have been written on the medicinal properties and uses of gelsemium, but so

far as I am aware, its antiperiodic effects were first made public by Dr. E. A. Anderson, of Wilmington, N. C., in an article which appeared in "Tilden's Journal of Materia Medica," in 1870. I need not refer to Dr. Anderson's paper, further than to say that by the strength of his assertions that gelsemium will radically cure malarial fever, I was induced to make use of it in those affections, in order to satisfy myself whether it was entitled to take rank as an *anti-periodic*. While the cases in which I have employed it are not very numerous, the results were of such a character as to convince *me*, at least, that it is not only equal to quinia in breaking in upon the chain of morbid phenomena which characterize intermittent fever, but that it is infinitely superior to that article in *curing* the disease. It is tasteless and cheap, both of which are additional advantages which it possesses over quinia.

On May 14th, I was called to see Mrs. B., who was laboring under an attack of intermittent fever, tertian form. I determined to put her on gelsemium, especially as she was pregnant, in which condition quinia is considered by some physicians somewhat dangerous. Accordingly after opening the bowels and appealing to the liver, I prescribed the tincture of yellow jessamine in five minim doses every hour until it produced heaviness of the eye-lids, dilated pupils, or double vision; the same course to be pursued for four or five days sucessively. She has had no return of the disease in any form since, although she passed through the entire miasmatic season in the same locality.

The next case of intermittent fever which fell to my care was that of Mrs. P., on the 24th of May, 1883. She had suffered frequently from this affection, and she implored me not to give her quinia, as it affected her very distressingly. She seemed as much surprised as delighted when I informed her that I had no intention of giving her the much-dreaded medicine. I ordered tinct. gelsemii in the same doses, and with the same directions as in the preceding case. She has had no chill since then to the present, about seventeen months.

On July 5th, 1872, I was called to see a little boy, whom I found laboring under an attack of remittent fever. Gelsemium

was ordered for him, and on the third day my visits ceased, the disease having entirely yielded.

On July 14th, I visited Miss P., who had remittent fever. As the case presented some pretty severe symptoms, and not wishing to risk anything (knowing that the quinia treatment, if properly managed, was endorsed by experience), I urged quinia, which she consented to take after a great deal of persuasion (she had taken it before in a similar attack, and as she said, "it nearly set her crazy"), but she had swallowed only a few grains, when it affected her so unpleasantly that she could not be induced to take any more. I then ordered gelsemium, which cured her. The disease, in this case, did not yield so readily as in that of the little boy referred to, for two reasons: 1st, it was a much more severe attack; and 2d, she would not continue the medicine faithfully, according to directions, but as soon as she began to feel better under its use, she would cease taking it. As regarded the antiperiodic treatment, it was the only drug used, and she made an excellent recovery.

The last case which I will mention is that of Miss C., who had tertian ague. Quinia had always arrested the paroxysms, but only temporarily. I gave her pill compound ext. colocynth, gr. vj., and then put her on the yellow jessamine. This was about four months ago, since which time she has had no return of the affection.

I may remark that in the use of the gelsemium, I am governed by the effect produced, whether the quantity required to produce that effect be small or great. I give it generally in five-minim doses, and I think this the safest plan, because the effects can be regulated exactly; whereas, if large doses be given, we may have an overwhelming effect produced at once, which would be at least alarming, and possibly dangerous.

I have been induced to narrate these cases, in the hope that some of the readers of the JOURNAL will test for themselves the antiperiodic virtues of gelsemium, and record the results of their experience for the benefit of the profession at large.

GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

SPONTANEOUS COMBUSTION, STRANGE SEQUEL, ETC.

ON Sunday, Aug. 31st, between the hours of twelve and one o'clock, a messenger came after me in great haste, stating that Mrs. H., had been seriously burnt. I was there in five minutes' time after the accident happened. The lady had been singeing a chicken over blazing paper, when some of the paper unobserved by her fell down in front of her, and, she having but light under-clothing and a thin calico dress on at the time, her clothing caught fire and was quickly enveloped in flames, and before the blaze could be extinguished her hips and entire abdomen were severely burnt. I saturated cotton batting in linseed oil, and completely covered the burnt surface. The dressing was completed between one and two o'clock P. M. At about ten o'clock that night the patient complained of her bed being on fire. On examination there was smoke to be seen, heat to be felt, a large wad of cotton batting was found on fire, and the bed-tick, sheet and quilt were scorched. The wad, after the fire was supposed to be out, was put in a basin with some other cotton batting that had been about the patient and had been saturated with linseed oil—and the basin was placed in an entry or passage-way. On the next day after the accident had occurred, at four o'clock in the afternoon, on calling to see the lady, I first stepped into the sitting-room. The room seemed to be filled with the smell of smoke, as though it came from cotton. On inquiry, the nurse and those present said that the smell was caused by the oil that had been spilled on the floor, and which they were trying to rub off. I passed into the room where the patient lay, which was adjoining the sitting-room, and examined the dressing, the bed-clothes, etc., of the patient, but could find no fire, when some one chanced to go into the entry where was placed the basin containing the cotton batting that had been used as dressing on the patient, and taken off the night before—and the batting was smoking and actually on fire.

At ten o'clock the same night I called again, when I found a couple of lady nurses and the husband of the patient greatly excited. They informed me that fire had been discovered in a closet into which some of the clothing taken from the lady, with cloths and cotton, had been thrown twenty-four hours before. They conducted me to the closet and showed me its contents.

There was evidently evidence of recent fire—cotton and rags burnt to a cinder—and it was apparent that they had just used copious water to put out the fire.

The question now comes up: How is all this to be accounted for? We may probably account for the heat and the fire on the bed of the patient; that may have been caused by the escape of the caloric from the burned surface, and its coming in contact with the oiled dressing and external gases. But what of the fire in the basin and closet, among the cotton batting and the clothing? there being no possibility of their catching from fire used in the house—the lamps for lighting the rooms and a cooking stove in a distant room were all the fire known to be in the building.

Had the cause of the succeeding fires originated when the clothing and dressing were on the patient and about her bed, and lay dormant until, perchance, the external air came in contact? or are there other causes that would produce the effect? I do not propose to account for the above, but the facts contained therein I am ready at any time to vouch for.—R. A. Bathurst, M. D., in *American Medical Journal.*

FOREIGN BODIES IN THE EYE.

The eye will sometimes tolerate the presence of a foreign body for some length of time without dangerous inflammation being produced. I have seen two cases during the last year that are of interest. Mr. B., while running through his orchard, was struck by a small dead limb on the outer portion of his left eye. The eye was immediately examined by a companion, who stated that nothing could be seen, except that the eyeball looked red where it was injured. Within twenty-four hours the eye became a little inflamed and painful, but local applications of cold water and aconite soon relieved the inflamed and painful conditions. As the vision of the eye was somewhat impaired, he thought it best to see an oculist. An ophthalmoscopic examination revealed the fact that a small portion of the limb had passed through the coats of the eye, and lodged in the lower outer portion of the vitreous. The vitreous was steamy for some distance around the foreign substance. For three months this patient has carried a small piece of an apple-tree limb in his eye without any serious symptoms appearing. He was warned of the danger that was probably not far in the future.

The second case was a laborer in a machine shop. During his work a small piece of steel hit his left eye, near the insertion of the rectus muscle, and passed through the coats of the eye and

imbedded itself in the retina, choroid and sclerotic of the opposite side. In a few hours the eye became inflamed, but yielded readily to treatment in three or four days. With the ophthalmoscope, or by oblique illumination, the fragment of steel can plainly be seen. This patient says the injured eye is not as strong as the other; still, it does not trouble him. For nearly fifteen weeks he has been very comfortable with a small piece of steel in his eye.

Cases like the above are not often seen. A foreign body in the eye is pretty certain to provoke destructive inflammation in the injured eye, if not in both, immediately after the injury.—Dr. O. A. Palmer, in *American Medical Journal.*

PRUNUS VIRGINIANA.—FATAL RESULTS FROM EATING OF THE FRUIT.

August 20th, 7.30 p. m., on reaching home from a hard day's ride with many visits made, found a message asking me to come in haste two miles distant to see a sick child. I was hungry and my horse wanted its oats which were hastily taken. It would be proper here to say that I had been called in the house the previous day from which the message had been sent to see a babe suffering with cholera infantum, and I suspected it was to see the same case for which I was now wanted. I reached the house at 8.30 p. m., and found the infant better, but another child—a boy—but four years, seven months, and thirteen days, lay on a couch in a stupor. Learned that from 5 a. m., until just before I had arrived, he had been vomiting and purging. Indeed he had all the appearance of being in a collapse from the effects of cholera morbus. I had with me a supply of Beache's Neutralizing Mixture, to which I added liberally of comp. tr. of capsici et. myrrh, and gave immediately. Having noticed near the door on the previous day the leaves of horse radish, I caused a quantity to be stripped of the stems, rolled and wilted, and applied over the stomach. The surface of the body was bathed in a cold perspiration; had it rubbed dry and the extremities chaffed. It was with difficulty he was roused sufficiently to swallow the medicine by 9.30. He appeared a little restless when I left, directing the family and a neighbor to continue their efforts and not to omit the medicine until warmth of the whole body and extremities were obtained. At 2.30 a. m., was called from my bed to see the child again, as he had been taken worse. I hastened to the house, but he had died but seven minutes before I arrived. On examination I found the joints of right hand, wrist, and elbow, as rigid as if he had been dead and on ice for

twenty-four hours, while the limbs of the left side were in a relaxed condition. On inquiry learned that for two hours preceeding death there had been complete paralysis of the left side, while the right had cramped severely. A younger boy was about this time siezed with a severe diarrhœa, with cramps; found that the stools were composed almost entirely of the wild cherry, which grows here in abundance. An aunt of the mother who was present had administered a dose of castor oil, which had the effect to bring away large quantities of the cherry stones, as well as the pulp of the cherries. Further investigation revealed the fact that the cherries eaten had been from branches of the trees that had been broken off and become wilted before they were eaten, all of which brings to my mind some well known facts with those well acquainted with the tree, viz: cows and horses may feed and will eat of the foliage of the tree and when fresh will not do them any harm; but if they eat the same after it has been broken off and become wilted by the sun, or lying on the ground in the shade, it takes but very little to kill the animal—less for a cow than a horse; but both have been lost in this neighborhood from this cause. The query arises, what chemical changes occur which increase or produce this poisonous property of the tree and its foliage by being wilted. Of course we know that the medicinal properties of this tree are due to the hydrocyanic acid which exists in the bark, leaves, and no doubt in the kernel of the fruit; and what catalytic or chemical change occurs which intensifies the poison after the branches have been broken from the tree a few hours, can perhaps better be answered by some one who has the means at hand to make a chemical analysis of the drug under each separate condition. I certainly charge the death of this child to the eating of these cherries, and perhaps to the swallowing of the pits, which, I learned, he had a habit of crushing in his teeth before swallowing. There was no tympanitic condition of the bowels when I first saw him or after he died, and he was in good health and did not complain until first taken as with cholera morbus. Both of the other children recovered.—C. H. Yelvington, M. D., in *Keystone Medical Journal.*

BERBERIS AQUIFOLIUM AND SYPHILIS.

Mr. M., 40 years of age, had had syphilis several years before, but seemed apparently well. Of the time we write contracted the disease, and just as this was yielding, without delay or unusual trouble, a second exposure and a second infection. In addition to this, a thorough drenching in a cold rain. Result most

deplorable. In a few days he could not help himself, every joint and muscle of the body immovable. Large open chancre, with phimosis, bubo in each groin. Began treatment with what had, in syphilitic cases, heretofore proved useful. "Got no better fast." But more trouble; the entire surface of the body, face and all, became one mass of syphilitic eruption. A change of treatment seemed necessary. Something must be done, and that quickly, or the case would be lost. We had used in several mild cases Berberis—this was when the remedy was first introduced by Parke, Davis & Co.—with excellent results. Why not try it in this? It was tried, and pushed to the "extent of the law." Result, all that could be desired—a perfect recovery. There were no "shot gun" prescriptions made. Now and then small doses of iod. potash were given for a week at a time, then a rest for two or three weeks; give berberis and podophyllum all the time. This treatment was continued actively for three months; then for three months longer, giving periods of rest, for one and two weeks, every third or fourth week.

It should be stated that the bubos did not suppurate, although one of them was as large as a large goose egg. Hot water was all that was used to discuss these ugly things. By the way, hot water applied with a cloth is the best thing in our experience to be used or can be applied, and the experience is pretty considerable.

Now what did the curing? The potash? No, for enough of it was not given, even if it had the curative power to accomplish such a result. Not the eruption surely. As much was dammed up in the bubos as was thrown off by that means. Berberis, notwithstanding "H" in E. M. Journal says, "vegetable alteratives do little or no good," did the work and did it well. It was given a fair chance, for the case was a typical one, and the question was impressive, will berberis cure syphilis? The response was, it will, but a good preparation must be used.

That of Parke, Davis & Co's, was the preparation used—the fl. ext. Waiving any intention of ignoring other houses, we are forced, by experience, to say, that the fluid extract by Parke, Davis & Co., is the only preparation of the drug we have met, meeting full expectations. To say that it stands at the head of the list as an anti-syphilitic, is but giving it its proper place.—*Indiana Eclectic Medical Journal.*

SAGE AS AN ANTISEPTIC.

My experience in the use of antiseptics is that a decoction of common garden sage is superior, as an internal remedy, to Baptisia. During an epidemic of typhoid fever I relied upon

sage, and my success in the treatment of the devitalizing disease was better than that of my competitors who used a variety of medicines. In septicæmia and puerperal peritonitis sage exerts more purifying power than Baptisia or any other known medicinal agent. I have frequently administered the remedy in erysipelatous and malarious disorders, and found it all a doctor could ask of a medicine. It may be exhibited with quinine or camphor in common ague, and with the happiest effects. Sage should not be despised because it is a domestic herb, nor neglected in the trial to find specifics in far off lands. In a high headed search for something far brought and dear bought, a better thing may be trampled upon at home.

Briefly I have to say that when an antiseptic is needed, do not forget that sage is one of the best that can be employed.—W. H. Halbert, M. D., in *Eclectic Medical Journal.*

HYDRASTIS CANADENSIS IN PROLAPSUS UTERI.

One day last winter, as I was passing the house of a farmer, several miles from my place of business, I was hailed by the man and requested to come in and see his wife, who had been troubled a long time with falling of the womb. Upon examination I found the cervix uteri protruding from the vulva. There was no inflammation nor abnormal tenderness. After having her recline I returned the organ to its proper position. Having nothing better with me I left some powdered Hydrastis Canadensis, and directed a strong infusion to be made and used as injection. I did not see the patient again for three months, when she called at my office and told me she had kept on using the injection as prescribed until now she felt entirely relieved—felt much better than for years. Upon examination I found the parts restored to their normal condition.

In this case there were no daily specular examinations, no cauterizing applications; no scrapings out, sewings up, nor cuttings open; no hard rubber, soft rubber, nor wooden patent anteflexion, retroflexion, duplex pessaries—nothing but yellow root. I know this is entirely too gross for the blood of our expert gynæcologists; but nevertheless, I am forced to conclude that Hydrastis Canadensis is a very good thing in some cases of prolapsus uteri.—Lyman Watkins, M. D., in *Eclectic Medical Journal.*

SELECTIONS.

STIGMATA MAIDIS.

Among the new remedies with which the materia medica has of late years been enriched, there are few which have sprung into greater prominence and which manifest evidence of a more tenacious hold on the regard of the medical practitioners, than the stigmata of maize—the "silk" which embellishes the stalk of our common corn. It may seem somewhat incongruous to call an article with which the people of this country have been so long familiar, a "new" remedy. The adjective, however, as in the case of many other new remedies, so-called, has reference rather to the discovery of some therapeutic property, than to the drug proper. Corn-silk is, therefore, a new remedy from the fact of the comparatively recent discovery of its properties as an emollient, antiseptic and diuretic. Under its lenitive action the inflamed surface of the genito-urinary tract, and more particularly, perhaps, of the bladder, as in vesical catarrh, is soothed, and the decomposition of urea into the irritant ammonia salts is checked. The flow of the urine is at the same time augmented, and thus we have a combination of the very effects which an intelligent comprehension of a case of vesical irritation, would seem to dictate, on the part of the therapeutist.

The demand for corn-silk has been rapidly growing since attention was first called to it by Drs. Dassun and Dufau, of Paris, and Professor Castan, of Montpelier. The fluid extract must be made from the recent drug, and hence can be prepared only during a few months in the year. The demand, however, for this fluid extract has been in excess of the possible supply during the past year, leading to the substitution, by unscrupulous manufacturers, of a worthless article for the freshly gathered corn silk, much to the detriment of the reputation of this drug. Messrs. Parke, Davis & Co., who were the first to place a preparation of stigmata maidis before the profession of this country, with the return of the season have laid in a large supply of the drug in anticipation of a continuance of its popularity. Competent employes of this enterprising house have for some time been at work in the cornfields of the west, laying in a stock of the green drug, and suitably preparing it for preservation until it is made up into the form of a fluid extract. In view of the facts above stated, it is important that those who may have occasion to employ corn-silk, may know whence they may obtain a reliable preparation.

TREATMENT OF SICK HEADACHE.

Dr. Richard G. Jack reports this instructive case in the *Lancet*, August 23, 1884:

Mrs. N., aged 26, married, two children, had all her adult life suffered to some extent at the periods, and also was troubled with what is commonly called "sick headache." She was treated by various doctors in the Western States of America, and at length she sought the advice of Dr. Thomas, of New York. He came to the conclusion that the only possible relief was to be obtained by removal of the ovaries; that she was then much too broken down for the operation: but after a trip to Europe had set up her health, he would, on her return, operate. I first saw the patient in June, 1883. She was then in the second day of the period, and under one of her headaches. These begin in one side of the head, and the pain gradually increases until the patient loses consciousness, the limbs become rigid, the hands clenched, the eyes half open and turned up, and shivering fits come on every few minutes. At other times the attack takes the form of spasm of the glottis. Seeing her first in one of her severe attacks, I introduced my hypodermic needle, and injected one-sixth of a grain of morphine. I left the needle in, and in seven seconds relief was obtained; but as it was not complete, at the end of five minutes I gave the same quantity, and withdrew the needle. The pain subsided, and did not return during that period, but the patient suffered from severe sickness, which lasted thirty hours. In a few days I ordered iron and quinine, with shower-baths, good food, and early hours. When the next period was expected, I gave belladonna and bromide of potassium. As soon as the period came on, I kept the paitent in bed, applied a blister of the size of half-a-crown over each ovary, and ordered a morphia pessary at night. The period passed over without a sign of pain or trouble. The tonic treatment was resumed, and the patient's health was steadily improved. The next period was anticipated a day or two with the belladonna and bromide, and when the flow began she was kept in bed the first day with half a mustard leaf over each ovary. No pain; period normal. On the next occasion, feeling the restraint irksome, and forgetting the date, the patient went to a theatre on the very night of the return of the period, and at 1 A. M. I was sent for. I injected one-third of a grain of morphia; the relief was instantaneous, and by increasing the dose to half a grain the sickness diminished. I tried the addition of atropine, but without effect. By persistence in the treatment, essentially the hypodermic, the patient is freed from headache, and no longer looks

sick in mind and sick in body, having regained color in her cheeks. I have repeatedly seen the same good effect in ordinary sick-headache, either from hypodermic injection of morphia or from a dose of chlorodyne.—*Medical and Surgical Reporter.*

MATERNAL IMPRESSIONS AND CONGENITAL MALFORMATIONS.

On May 22d the doctor was called to attend Mrs. A. in labor, who told him that the child would be deformed. When questioned, she said she had been frightened at a negro with a "reel foot" about the end of the first month of pregnancy. In order to test her imagination she was asked which foot, and she said the right one, and insisted that the child would be the same way. The head was found presenting and the labor went on well. In about an hour she was delivered of a large male child which had a talipes varus of the right foot. On May 23d it was found that the child had imperforate anus. An incision was made in the ano-perineal region to the depth of two inches, when, finding no traces of a rectum, the opening was closed. Littre's operation was proposed, but consent denied. On the 25th the child had two liquid stools through the urethra; it was nursing well and the wound closing. The condition continued the same until the 2d of June, when peritonitis set in, and the child died June 4th. Was the talipes varus due to the impression on the mother's mind? Was it merely accidental that the two deformities occurred in the same child?—*Letter to N. Y. Medical Journal.—Arch. of Ped.*

THE USE OF ANTISEPTICS IN PEUPERAL CASES.

In the *Jour. Am. Med. Ass.*, August 2, 1884, Dr. Madison Reece thus writes:

During one of the hottest days of the month of July, 1881, I was called to see Mrs. W., near London Mills, in consultation with Dr. Wilson, of that place. I found her in a small bed-room, only large enough for the bed upon which she was lying, with but one window in the room. She had been confined a week previously. Her pulse was 160, her temperature 106°, the tongue dry, abdomen distended to the size of a woman at full term, the secretion of milk suppressed. She was delirious, and an odor filled the room like that of a body far gone in putrefaction.

The husband was informed that there was no probability

whatever for the recovery of his wife, every symptom indicating a speedy dissolution. However, I suggested a thorough washing out of the uterus with antiseptics. A half gallon of warm water with two drachms permanganate of potash was prepared. After being placed in a proper position across the bed, a gum catheter of the largest size, with several fenestra in the lower end, was passed up into the uterus as far as it would go. A common Davidson syringe was attached to it by means of a piece of rubber tubing. The uterus was thoroughly washed out, the injection being continued until the water returning was perfectly free from all odor and clear in color. The discharge from the uterus was of such a peculiarly strong odor, that it was impossible to free the hands from it. It was like that one acquires in the dissection of bodies.

Such a change as took place in this woman's case within an hour, I never before saw in any case. Immediately after this cleansing process the delirium passed off, the temperature fell, the pulse came down—in short, the effect was simply magical. She was given twenty grain doses of the sulphite of soda. The husband was taught how to administer the injections, which were to be given every three hours—one of a solution of permanganate of potash, the other of carbolized water alternately. The patient made a speedy recovery from the severest attack of puerperal septicæmia I have ever seen.

Twelve years before this case, in September, 1869, I was called to see a woman who had had an abortion produced by mechanical means. She had a rapid pulse, high fever, hot skin, unquenchable thirst, irregular chills, an icteric countenance, and a sanious discharge from the uterus that smelled horribly.

A half dozen intra-uterine injections of carbolized water, thoroughly administered, rescued her from impending death.

Ever since that time I have used this method in all such cases with similar results, with a few exceptions. They are to be regarded as similar to surgical fever, the result of decomposing *debris* in the uterus, which is absorbed from the uterine surface, and which Sir James Simpson has aptly compared to the flap of an amputated thigh, with its raw and bleeding surfaces, and patulous vessels ready to absorb the decomposing fluids with which they may lie in contact.

The following long-continued case illustrates, in another way, the value of these intra-uterine injections. The last day of January, saw Mrs. M. A., aged 24, living near Hermon, a strong and vigorous woman. She had been confined twenty-four hours previously. The child was dead when delivered, and was so much decomposed that portions of the skin slipped from the body

when handled. She had a chill and profuse flooding a few hours before I saw her. The pulse was 140, the temperature 105°, skin hot, tongue dry, and abdomen tympanitic and distended to the size it was before her confinement.

The uterus was immediately washed out with carbolized water, giving great relief to the patient. The injections were kept up every three hours for a week, with the effect of reducing the temperature after every injection. Quinine was freely administered. Thinking, perhaps, that the septic matter was sufficiently removed from the uterus, the injections were discontinued. Within twenty-four hours a severe chill, followed by a high temperature, announced the absorption of more septic material. The intra-uterine injections were again resorted to, with the same results, diminishing of temperature, and lowering of the pulse. At the end of a week, as there seemed to be so much improvement, they were once more discontinued. Again, in a short time, there was a chill and return of former symptoms. Again we returned to the use of the intra-uterine injections, and kept them up until every vestige of fever had disappeared from the case for several days.

In this case there was no bad odor from the discharges, as in the former cases, and the effect of the injections in arresting the poison of the septic matter was prompt and striking.

Should antiseptics be used in every puerperal case? I believe so, especially as antisepsis has come to be considered as the use of every means of cleanliness, and the prevention of infectious or contagious matters. And just here let me record it as my fixed belief, that thousands of women have come to their deaths from the dirt and other matters under the finger-nails of their attendants. That dirt, the nest of infectious particles scraped from the body of himself, or possibly bathed in the infectious fluids of another person, is conveyed by means of the touch to the abraided surfaces in the puerperal patient, and she becomes inoculated with the virus that causes her death. I believe that any one suffering from a chronic skin disease, or who is afflicted with a chronic ulcer of any kind, should not attend upon puerperal patients, any more than he who is attending patients with scarlatina or erysipelas. In fact, it is my deliberate judgment that puerperal women should not be attended by the general practitioner at all, and for one I will gladly welcome the day when I can turn over all such patients to well educated and thoroughly trained lady physicians, who will make that their special calling.

Begging pardon for this digression, I would say in conclusion that within twenty-four hours after confinement the use of vaginal injections of carbolized water affords the greatest comfort to the

patient, bathing and soothing the neck of the uterus where there may be abrasions or lacerations, and cleansing and purifying the parts. If the discharges become foul in odor, and there is a marked rise in the temperature, then the injections should be *intra-uterine*. One precaution should be borne in mind in prescribing vaginal injections, and that is to have the hole in the end of the pipe or syringe closed. I have in several cases seen a severe and dangerous uterine colic, caused by the injection passing into the uterus through the patulous and open os. In the rubber syringes that are sold for female use, I often prepare the pipe for such purposes by closing the central hole in the end, and enlarging the others in such a way that a backward current is given to the injection.—*Medical and Surgical Reporter.*

TRAUMATIC IDIOCY.

A girl, five years of age, was severely injured at birth by falling against a sharp piece of furniture, striking her head between the eyes. A small quantity of blood and pus flowed from her nostrils for nearly a month afterward. She has not been well since. She understands all that is said to her, but speaks only a few words. She cannot be taught to be cleanly. She has two brothers and sisters who are perfectly healthy in every respect. The editor suggests that some damage was inflicted upon the frontal convolution which has arrested mental development. Treatment: Education by persons skilled in instructing children afflicted with the slighter degrees of idiocy.—*Brit. Med. Jour.*—*Archives of Pediatrics*

A CASE OF HOMICIDE BY A WOUND IN THE VULVA.

Dr. F. W. Draper reports a most interesting medico-legal case in the *Boston Med. and Surg. Journal* for September 4, 1884, wherein within the space of five hours (taking outside limits of time) a strong, plethoric, healthy woman bled to death by a wound of the vulva an inch long and half an inch deep. Such an occurrence, if standing alone as one observed for the first time, would be regarded as extraordinary, perhaps as incredible; but it is fortunate in being in accord with similar observations recorded in surgical and medico-legal writings. It is really a typical example of an interesting class. Ogston quotes the case of a woman who died in ten minutes after receiving two wounds about the genitals, one on the left labium and the other at the entrance of the vagina at its upper part; the fact that she

was pregnant, and that the vascularity of the parts was thus increased, may have had some influence upon the rapidity of the hemorrhage. Taylor alludes to the case of a woman, eight months pregnant, who "fell from a chair, which also fell with her. There was hemorrhage, and she died in a quarter of an hour. The blood had flowed from a wound an inch and a half long, situated between the right labium and the urethra." In another case "a contused wound of the clitoris proved fatal. A woman, aged thirty-six, received a kick from her husband in the lower part of the abdomen while she was in a stooping posture. When seen, in about three quarters of an hour, she had lost three to four pounds of blood; she was sinking, and expired a few minutes afterward. The wound was at the edge of the vulva, extending along the ramus of the pubes; it was about an inch long and three-quarters of an inch deep. The left crus clitoridis was crushed throughout its length." These cases are of use in teaching the medical witness that, whether in the presence of a jury or elsewhere, he should be economical in the use of terms like "impossible," or "incredible," or "inconceivable."

In the case reported by Dr. Draper, the jury found a verdict against the husband.—*Med. and Surg. Reporter.*

SALAAM CONVULSIONS.

Salaam convulsions, salaam tic, neuropathic salute, as the disease is variously known, is usually seen in children, very rarely in adults. It consists in a convulsive attack manifesting itself in an antero-posterior movement of inclination of the head and a moderate flexion of the body, repeated from twenty to a hundred times a minute. These phenomena may collectively be taken as a symptom the diagnostic value of which has not yet been fully established. The phenomena was first observed clinically in 1849, by Newham, and since then attention has been called to the subject by Faber, Ebert, Barnes, Demme, and others. In addition to the movements already mentioned, one sometimes sees convulsive movements of the shoulders, of an arm, or a leg, and in some cases nystagmus and blepharo-spasm. Sometimes there are only partial convulsions, with oblique inclination of the head to the side which is opposite to the one on which the sterno-mastoid muscle is undergoing contraction. When both sterno-mastoids are in contraction the head is, of course, thrown forward. With some children the convulsions are unattended by other symptoms; with others loss of consciousness prevails. They (the convulsions) may be preceded by a pallid face, with staring expression, and mydriasis, or by hebetude, and general weakness

of the intellectual faculties. In a case which was recorded by Steiner, a cerebral tumor was found *post mortem*, which must have given rise to the spasmodic phenomena. Whatever its possible origin may prove to be, the author thinks we have evidence sufficient to conclude that it *cannot* be an affection which is due to weakness of the peripheral nerves.—*Archivia di Patol. Inf.—The Archives of Pediatrics.*

A BOTTLE IN THE RECTUM.

A SINGULAR case is reported by Dr. Aug. Dixey in the *Lancet*, August 30, 1884. A man much distressed and evidently in great pain came to him saying he had a "soda-water bottle in his fundament." Upon at once letting down his trousers, which were covered with blood, he noticed blood trickling from the rectum. On introducing a forefinger into the bowel, he could just detect the edge of the mouth of a bottle, and, by inserting the middle finger as well, was able, after some difficulty and employing all the traction his limited hold permitted, to extract, not an ordinary soda-water bottle, but one which is used to contain ginger ale, the length of which was seven inches and a quarter, and the circumference seven inches. His story was that as his bowels had not been opened for more than a week, and as aperients had not acted, some one advised him to open them by means of a bottle, and that in attempting this it had slipped from his grasp, and all his efforts to get it again were unavailing.—*Med. and Surg. Reporter.*

THE TREATMENT OF TONSILLITIS.

THE prevalence of diphtheritic inflammation of the tonsils, and the liability through carelessness on the part of the examiner, or the wilful mistake on the part of the dishonest practitioner, to confusion of this inflammation with a violent grade of non-specific tonsillitis, makes a consideration of the latter all the more interesting and important. Unquestionably the honest practitioner, during the existence of an endemic of diphtheria, is frequently disposed in cases of the doubt which a violent case of pure tonsillitis arouses in his mind, to give the community the benefit of the doubt by pronouncing the case one of diphtheria. If there were an agent which could be depended upon to promptly allay non-specific inflammation of the tonsils, its use on the inception of the inflammation would, doubtless, be the means of frequently relieving the anxiety of both the medical attendant and friends. From the claims made by Dr. S. Solis Cohen, of

Philadelphia, for the following treatment, it would seem that a decided step had been made towards the supplying of this desideratum. In simple inflammatory tonsillitis he administers the following: Take two fluidrachms each of the ammoniated tincture of guaiac, and the compound tincture of cinchona, which mix with six fluidrachms of clarified honey, and shake together until the sides of the vessel are well coated. To this add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This is to be used as a gargle every one-half to three hours. Relief, he says, is usually experienced within a few hours, and recovery is complete. A saline cathartic may accompany the use of the gargle.

In rheumatic or constitutional tonsillitis, characterized by intense pain in swallowing, causing great accumulations of saliva from unwillingness to swallow, but with slight or no congestion of the throat, and subsequent fever, he gives the following, in tablespoonful doses, every two hours:

℞. Sodii salicylatis, ʒ ii.
Ol. gaultheriæ, m j.
Liquor ammoniæ citratis, syrup simplicis, aa ʒ ii.

M. The intervals of administration may be lengthened as the pain subsides. Pieces of ice or guaiac gargle produce comfort, and a stiff neck is best relieved by faradization. Salicylate of quinine or cinchonidine, may be substituted for the above if a tonic be required, in five grain doses every four to six hours.

If this treatment shall prove as promptly efficacious as Dr. Cohen claims it has in his hands, its administration in the early stage of congestion of the tonsils cannot but prove valuable, even though the case should subsequently develop into one of diphtheria.—*Therapeutic Gazette.*

THE RADICAL CURE OF HERNIA.

In a paper read at the recent meeting of the British Medical Association, and published in the *British Medical Journal*, for September 6, Mr. Ball, of Dublin, expresses his conviction that torsion of the sac is the best means of bringing about a complete and permanent cure of hernia. The sac, previously isolated from the cord, is grasped with a clamp-forceps high up, and given five or six half-turns, or as many turns as may be necessary to impart the sensation of a decided resistance, which denotes that further twisting would be attended with risk of rupture. The neck of the sac is next firmly tied with an antiseptic ligature; a salmon-gut suture is passed through the pillars of the ring, and also through the sac, to prevent untwisting, and the operation is completed in

the usual manner. In affecting separation of the sac from the cord, the three coverings common to both should be thoroughly divided before attempting the isolation of the former, and nothing should be twisted except the thickened peritoneum and sub-peritoneal tissue. It need scarcely be said that torsion of the sac can be more easily practised in inguinal hernia of the female and in femoral and other forms of hernia, in which the cord is not present to complicate the dissection.

Mr. Ball calls attention to the fact that in the modern operation for the radical cure of rupture, namely, ligature of the neck of the sac, with excision of the fundus and suturing the margins of the ring, the proportion of failures to the cures is somewhat large. Thus, according to Dr. Guenod, of 34 cases from the surgical clinic at the hospital at Bale, there was relapse in 12; and in *The Medical News*, for February 9, 1884, we showed, from the results obtained by the Liverpool surgeons, and from the statistics of Leisrink, that the operation fails in about 1 case in every 5. Hence, any modication of the procedure which will lessen relapses will be gladly welcomed by surgeons, and it is to be hoped that those having large opportunities in this direction will give the new method a fair trial. It should certainly secure a more complete closure of that portion of the sac situated in the inguinal canal than is afforded by the ordinary procedure, and it should also, by tightening and throwing into ridges the peritoneum, overcome the abnormal laxity and fulness of that membrane in the vicinity of the ring.—*Medical News.*

THE TREATMENT OF SNAKE-BITES.

Mr. J. Mildred Creed, in a paper read before the New South Wales Branch of the British Medical Association (*Australasian Medical Gazette*, No. 10, 1884), states as his belief that many of the alarming symptoms following a snake-bite are due rather to fright, pure and simple, than to the poison received from the fangs of the snake. He relates a number of cases in support of this assertion. The bite had been promptly excised in every case, and only two of the patients presented any alarming symptoms. In one of these cases the patient recovered speedily on being assured that there was no cause for fear, although she had a short time before been apparently at death's door. The other case was simply one of profound intoxication resulting from the large amount of brandy which had been given as an antidote. The author also relates several other cases of people who had died of fright after being bitten by non-venomous reptiles. He does not believe that there is any physiological antidote to snake

poison, and thinks that the only effectual means of averting serious consequences is by the prevention of the absorption of the poison. This is best done by the early stoppage of the circulation in the wounded limb by the application of a strong ligature, and the excision of the bite. The reckless administration of alcohol the author condemns as not only useless but harmful. He recommends the administration of ether by inhalation as answering a double indication, that of slight stimulation and of removing the feeling of dread by inducing unconsciousness. The ether should be administered for one or two hours, when the patient may be allowed to recover sensibility to such an extent, as to enable the surgeon to judge of his condition. After this, should it be necessary, he might be again brought under the influence of the anæsthetic and kept there as long as desired. Any other symptoms which may arise are to be treated according to general principles.—*Medical Record.*

THE TREATMENT OF CARBUNCLE.

Although carbuncle is usually classed among the surgical affections, it comes as properly under the nosological list of the medical practitioner, for it is an affection the treatment of which the general practitioner rarely, if ever, delegates to the specialist in surgery. It appears, however, from a recent clinical lecture delivered by Dr. John Ashhurst, Jr., of Philadelphia, that there exists the danger of incalculable injury from a close conformity to the traditional methods of treatment. A carbuncle is, Dr. Ashhurst states, nothing more than a large boil, differing from a furuncle only in degree. The usual opinion is, we believe, that a carbuncle is an accumulation of boils. This opinion has its origin in the fact of the numerous openings in the carbuncle. These openings are, however, not those of separate boils. Dr. Collins Warren, of Boston, found by a microscopical examination of the skin of the back where carbuncles usually occur, that there are little processes of tubes of fat connecting the deeper tissues with the surface—columnæ adiposæ. It is along these columns that the pus of the carbuncles, which originates as a phlegmon in the deep cellular tissue, begins to make its way to the surface, thus causing these separate pimples.

Although carbuncle occurring on the face is usually held to have a fatal termination, such has not been the experience of Dr. Ashhurst. Regardless of the seat of its attack, he maintains that unless occurring in a patient with Bright's disease or diabetes, or in such a situation as to endanger internal organs, death will seldom ensue from carbuncle, except as a result of injudicious

treatment. He denounces with considerable vigor the old-fashioned crucial incision. While it has some advantages, these are more than counterbalanced by disadvantages. He speaks also of the cauterization of the carbuncle with a view to causing central sloughing, as of a relic of barbarism, and he regards it as a most fortunate fact that the recommendation of some later surgeons to excise the whole mass of the carbuncle has not been received with favor. The method which he now invariably employs is the pressure treatment, after the manner first recommended by Mr. O'Ferrall, an Irish surgeon. He has modified the treatment as originally recommended, by securing the pressure by means of strips of adhesive plaster applied concentrically as they are used in the treatment of swelled testicle. The whole growth is thus covered, with the exception of the space in the centre to allow the slough to come out. He has found this treatment to yield much better results, both as regards immediate relief of the suffering and the ultimate complete recovery, than any of the other methods which he has seen followed.—*Therapeutic Gazette.*

THE DIAGNOSIS OF ACUTE ALCOHOLISM.

Of the numerous cases brought to hospitals for advice and treatment, there are none, we believe, more difficult to decide on than those of persons found insensible in the streets. Very frequently there are cases of simple poisoning from excess of alcoholic drinks, especially of an adulterated and deleterious nature, but at times there are cases of disease, or are complicated by head injuries, which, if not promptly recognized and treated, may ultimately prove of a serious nature. We are prompted to refer to the liability of errors in diagnosis of such cases, and the necessity of great caution in dealing with them, by the recent occurrence in Glasgow of two cases of this nature, which have become public and have excited a good deal of comment in the public press. In the first instance, a young man is found insensible in the street, is taken by the police to the office, and is there seen by the medical officer in charge, who gives it as his opinion that the insensibility is due to alcohol. In the morning more serious symptoms show themselves, and medical treatment is resorted to, but unfortunately without avail. A *post mortem* examination reveals that apoplexy was the cause of death. In the other case a man is brought by the police to one of the infirmaries, is admitted there, and after a few hours is once more sent back to the police office as suffering from an excess of alcohol. Soon after his return to the police station it is observed

that his condition is not satisfactory; the police surgeon is summoned, and he gives it as his opinion that the man is suffering from some serious head injury, and sends him back to the infirmary from which he had been dismissed only a few hours previously. Such incidents as these cause a painful impression on the public mind, and are calculated to destroy public confidence in the ability of professional men to recognize what is and what is not drunkenness, to say nothing of the serious consequences that must accrue to a patient suffering from some disease or injury of the brain from being thus conveyed through the streets of the town at that early period of his illness when prompt medical treatment might prove of some avail. We can only say that such cases should serve as an instructive lesson to all those who are connected with the reception of patients at our infirmaries, and should impress on them the advisability of erring on the safe side by not sending away any case about which there can be a shadow of a doubt.—*Brit. Med. Jour.—Peoria Med. Monthly.*

MULLEIN LEAVES IN PHTHISIS.

At the late meeting of the International Medical Congress at Copenhagen, Dr. Quinlan, of Dublin, read a paper in which he advocated the employ of mullein leaves in phthisis, claiming extraordinary success in the treatment of this disease by the free use of a decoction in milk of this plant, or rather *weed*, for it is one of the most common of our native weeds, growing by the roadside and in neglected fields. Mullein is known to botanists as the verbascum thapsus, and has honorable mention in the Codex of France under the name of *Molene, bouillon blanc;* entering into the composition of the *quatre fleurs pectorales.* The mode of preparation is to infuse an ounce of the dried leaves, or the equivalent of the fresh, in a pint of milk, to boil for ten minutes, and then to strain. This infusion is administered warm to the patient, with or without a little sugar. The whole pint is given in two doses during the twenty-four hours. The hot decoction is said to be very easing to consumptive coughs, so that during its use the ordinary cough mixture may be dispensed with. Its power of checking phthisical looseness of the bowels is said to be very marked. In early cases, according to Dr. Quinlan, the mullein milk appears to act very much in the same manner as cod-liver oil, than which it is much more palatable. A large number of cases of pulmonary consumption have been treated in St. Vincent Hospital, Dublin, exclusively on mullein, and it is said that crowds of patients have been attracted to this hospital

by the wonderful results which have been obtained from this singularly simple treatment. In phthisical coughs great relief is said to follow smoking dried mullein leaves in the same manner as tobacco. Dr. Quinlan showed at the meeting of the Congress cigarettes made of mullein leaves, which are said to be very pleasant to smoke. It is asserted that in pretubercular and early cases of pulmonary consumption mullein appears to have a distinct weight-increasing power, and to be an excellent palliative to the cough in the latter stages, besides being the very best remedy to antagonize looseness of the bowels.

Wood, in the U. S. Dispensatory, speaks of mullein leaves as "demulcent and emollient," and as reputed to possess "anodyne properties which render them useful in pectoral complaints.—*Medical Record.*

ADMINISTRATION OF QUININE BY THE RECTUM.

Quinine is as often indicated in children as in adults, but on account of the difficulty of concealing its bitter taste, is seldom employed. Dr. R. Peck *(Deutsche Med. Wochschrift*, 18, 1884*)* has made a number of experiments, and announces that quinine may be easily administered to children in the form of suppositories. He found that not only the drug is rapidly and promptly absorbed in this way, but that also far larger doses may be given than per os. He made use of from 16 to 24 grains of the muriate of quinine at a single dose, adding about 30 grains of butyrum cacao and a small quantity of unguentum cereum as mass for the suppository. He further recommends the washing out of the rectum about an hour before the introduction of the suppository, and mentions that the latter should be pushed up the rectum as high as possible, especially in very restless children, in whom he advises the introduction of the suppositories during sleep. Thus far few observations on this subject have been published, probably on account of the uncertainty of the doses and of the effect produced. Peck's method merits a more extended trial.—*Medical and Surgical Reporter.*

THE REDUCTION OF PARAPHIMOSIS.

The following is the method successfully pursued by Dr. Zakharevich in the reduction of a number of cases paraphimosis (*L'Abeille Medicale*, No. 32, 1884). After carefully anointing the strangulated parts with oil or vaseline, he places the tips of the thumb and fingers on the glans so as to completely surround

it, and then makes firm and gradual pressure. After three or four minutes of this steady pressure, as a rule, the glans is reduced to its normal size. Then, the pressure being maintained by the thumb, the ring, and little fingers, the constricting ring is grasped by the index and middle fingers and the prepuce in this manner drawn down. Reduction is thus accomplished easily and quickly, the most difficult case having required but fifteen minutes for its cure. In the cases treated by him the ages of the patients varied from three to fifty-seven years, and the duration of the condition from twelve hours to thirty days.—*Medical Record.*

INGROWN TOE-NAIL.

Dr. Monod, in the *Union Med.*, contends that in cases of ingrown toe-nail, to effect a radical cure, the removal of the nail may be avoided by thorough cauterization of the ulcerating or granulating place with nitrate of silver. He says that one single cauterization will suffice, though correctly-fitting shoes will always form the main element in the prevention of the recurrence of the trouble.

We have several times drawn the attention of our readers to a method of treating this complaint, which is not only far milder, but also just as sure in removing the difficulty. The simple procedure, for the reliability of which we can vouch on account of a great personal experience with it, is as follows:

The sore in ingrown toe-nail is caused by the pressure exerted by the shoe on the *middle* of the diseased nail. Anybody, by looking at the nail of the large toe (the one generally affected), can convince himself that the middle of the nail is higher, more prominent than the sides. But in ingrown nails it is not only that, but also much thicker. By using the least pressure with a finger on this centre, one can at once see how the irritation, and as its consequence the ulceration, are produced.

The most rational way of treating the difficulty consists, therefore, in the scraping off of this very centre of the nail. This is best done by means of a piece of broken glass, and the scraping should be continued until the operator nearly reaches the flesh. There is one symptom which at once indicates that enough has been removed, viz., pain. Until within a line or so of the flesh there is not experienced the least sensation by the person undergoing this operation, and the moment the procedure causes a sore feeling, it should at once be stopped. The same shoe can then be worn; within a day or two all pain will cease, and shortly after the ulceration be healed; for there is no longer any pres-

sure exerted upon the centre of the nail, driving the edges into the flesh and causing the soreness. When the nail has grown sufficiently to be cut, it will be observed that for a certain distance the nail has split in the centre. Whenever the nail has grown so far as to be of the same thickness in the centre as before, the operation of scraping has to be renewed. By doing it in time, all future trouble may be avoided. Once every three months is about the usual time. The method has not failed in a single case in which we have tried it.—*Med. and Surg. Reporter.*

CARDIOPATHY OF THE MENOPAUSE.

Under this title Dr. E. Clement writes, in the *Lyon Medical* of August 3 and 10, 1884, concerning a peculiar functional disorder of which he has had occasion to observe several examples. The patients presented all the symptoms of a profound disturbance of the cardiac functions without any physicial signs of valvular lesion. The age at which the first symptoms appeared was from forty-six to fifty years. The patients presented nothing striking in their personal or hereditary history. They were all well built, healthy women, accustomed to manual or household labor, but never exposed to excessive fatigue such as might occasion cardiac hypertrophy. Some had borne children, others had never been pregnant. There was no hysterical element in the cases, nor had any of them suffered from rheumatism. The first symptoms appeared before the menses had ceased entirely, but when they had become irregular either in their time of recurrence or in the amount of the flow. The onset was gradual. During an indeterminate period, for perhaps to or three months, the women suffered from an indefinite feeling of malaise, their strength diminished and they were less able to resist fatigue, and finally they began to suffer from palpitation. The evolution of the disease, while progressive, is yet interrupted by intervals, more or less extended, of apparent health, but each recurring attack is more severe than the preceding one. The palpitations are soon followed by dyspnœa on exertion, although there is not the slightest difficulty of breathing when at rest. Sleep, however, is often broken by distress in the region of the heart. After a time all these symptoms become very marked upon the slightest movement, and are only alleviated somewhat when the patient sits perfectly still in the chair. Another phenomenon is a feeling of faintness, which goes on sometimes to actual syncope. The examination of the heart gives a negative result. The cardiac impulse is a little exaggerated, the rhythm may be irregular, but the valvular sounds are distinct and without the faintest

murmur, the first sound being somewhat the weaker. There is, however, an extreme rapidity of the heart's action, the pulse-rate being often 150 to 160 to the minute. At first there is no œdema, but after three or four attacks there may be a slight swelling about the malleoli or in the integument over the hypogastric region. Whatever may be the intensity of the cardiac symptoms, there are no bronchial nor pulmonary disturbances. The dyspnœa is entirely of cardiac origin. There is never any venous stasis, but there is an evident spasm of the arterioles. There is a remarkable pallor of the face, which is due, the author believes, to this vascular spasm rather than to anæmia. The urine is in general abundant enough, except at the height of an attack, when its excretion may be nearly suppressed; it never contains any albumen. The course of the affection is peculiar, occurring as it does in paroxysms separated by intervals of varying duration. As the disease advances the intervals of remission grow shorter. The attacks last usually about a week, but might be of longer duration were it not for medical intervention. The affection continues for an indefinite period, but the prognosis is favorable despite the apparently grave symptoms of dyspnœa, œdema, weakness, etc. The disease subsides as it began, the intervals of health growing longer and the paroxysms shorter and of less intensity. The cause, the author thinks, is to be found in a modification of innervation by the great sympathetic, and especially in excitation of the cardiac nerves. The treatment is by means of large doses of infusion of digitalis, beginning with an infusion of eight grains of the powdered leaves, and reducing gradually to five grains. Sometimes the patients acquire a disgust for this drug, and then Dr. Clement substitutes the alcoholic extact of convallaria maialis in the dose of fifteen to twenty grains. But the results are much less satisfactory than when digitalis is employed. The paroxysms of dyspnœa are best relieved by the preparations of opium, more especially morphine. At the same time, of course, the patients should remain as quiet as possible and avoid anything that may cause mental or physical disturbance.—*Medical Record.*

ALBUMINATE OF IRON AS AN EMMENAGOGUE.

Clinical experience, says Dr. Albert Blondel, has shown for several years the necessity of administering albuminate of iron to women with chronic uterine troubles. He has made a special study of its effects in amenorrhœa and dysmenorrhœa, and the results which he has obtained cause him to prefer this preparation almost above any other for treating irregularities at the menstrual

period. We frequently observe in young women, and particularly in young girls, menstrual troubles characterized by a retardation of the flow for two, three, or four months, or even longer. These patients have a sensation of cold in the epigastrium, they complain of digestive troubles, mental hebetude, flushes of the face, insomnia at night, and a frequent desire to sleep during the day, and other well-known symptoms. It is usual in these cases to treat the subjective symptoms symptomatically, and to endeavor to arrest the defibrination of the blood and the cachexia by tonics, iron being very commonly administered, and causing, as we know, a rapid amelioration of the tendency toward congestion of the organs, and retention on the part of the utero-ovarian apparatus. This end is but imperfectly attained, however, if too much iron be given, or if two or three of the preparations be used. The albuminate, however, seems to give far better results than any other preparation of iron, as it is the ultimate form taken by iron before being absorbed by the blood. It may be given with syrup of orange peel, each teaspoonful containing gr. $\frac{3}{4}$–j.—*L' Union Medicale.—Medical News.*

THE TREATMENT OF PHTHISICAL NIGHT-SWEATS.

Many drugs have been rscommended for this weakening accompaniment of phthisis, but comparatively few have given satisfaction. With the view of discovering some drug that would control the sweating, and at the same time that would be free from drawbacks, Dr. C. M. Cauldwell instituted a series of observations on a large number of cases. As a result he reports in the *N. Y. Med. Jour.*, September 27, 1884, that picrotoxin, recommended by Dr. Ringer and Dr. Murrel, more nearly approached the ideal in view than any of the other drugs. It was prescribed for twenty consumptives suffering from profuse night-sweats. In seventeen of the cases the perspirations were entirely checked, or so far diminished as to produce no further debility or annoyance. Even when given in much larger doses than are ordinarily prescribed, it caused no disturbance of the nervous system or of the gastro-intestinal tract—in fact, produced no evil effect whatever. In this respect it compared very favorably with atropine, ergotin, etc. A single full dose of the drug at bed-time was generally sufficient to control the sweating for twenty-four hours.

Where one dose failed, a second was taken shortly after midnight.

The initial dose, mentioned by Ringer and the English writers generally, is the one hundred and fiftieth of a grain. This was found much too small, and was accordingly increased to one-fortieth of a grain.—*Medical and Surgical Reporter.*

THE TREATMENT OF PROSTATIC OBSTRUCTION.

In a paper read at the International Medical Congress at Copenhagen, Mr. Reginald Harrison, of Liverpool, considered the treatment of difficult micturition due to an enlarged prostate, and described a new operation for its relief, which must be regarded as a most valuable addition to the surgery of this intractable affection.

The class of cases to which he referred are those not adequately relieved by the use of the catheter, and include those in which there is difficulty in passing that instrument, those in which hemorrhage almost always attends its use, those in which emptying the bladder is not followed by a sense of relief, and the common examples of catarrh, in which the bladder is little else than a chronic abscess. The various expedients that have heretofore been resorted to for the relief of such conditions, as puncture above the pubes, by the rectum, and from the perineum, with the retention of a canula for the discharge of the urine, do not deal directly with the cause of the obstruction, and in two of these measures the artificial canals are inconveniently placed, as the opening for the escape of the urine should be dependent.

With the view of overcoming these objections, Mr. Harrison opens the membranous urethra in the middle line, and divides the obstructing median portion of the prostate, partly with a straight probe-pointed knife, and partly by divulsion with the finger of a large sized bougie, until the access to the bladder is felt to be free. A double drainage-tube is then inserted, and retained for from six to twelve weeks, through which the action of the median lobe, or bar-like ridge, is made permanent, the indication for the removal of the tube being the easy introduction of a catheter along the natural route, and the passage of the urine along its side. A bougie is inserted regularly until the external wound has closed, and its occasional use is continued as a precautionary measure.

In the case which Mr. Harrison relates as an illustration of the happy result of his procedure, the patient was out of his bed in ten days, and the drainage apparatus was used for eight weeks. There was no further trouble in micturating or in passing the largest-sized catheter; the bladder regained its natural

power of expulsion; there was no residual urine, and he could retain the fluid for four hours. Six months after the operation the patient had a paralytic seizure, from which he has not recovered, but it has not been found necessary to resort to catheterism. —*Medical News.*

THE THERAPEUTIC ACTION OF BELLADONNA.

Dr. P. N. Cilley chose this subject for a paper read before the Medical Society of Lowndes County, Alabama, and which is published in the *Virginia Medical Monthly* for July, 1884. He starts out with an interesting report of the action of the drug in his own case. From the effects of a sudden, violent, twisting wrench of his body he was attacked with "a sharp stabbing pain in the central and outer part of the hypogastric region." This was shortly followed by a tumefaction easy to move, and showing itself at the point of pain. The symptoms were clearly indicative of intestinal obstruction, due, probably, to invagination. After resorting, in vain, to anodynes and local applications of hot fomentations for the relief of the pain, and large injections of warm water per rectum, with a view to relieving the obstruction, his medical attendants applied a plaster spread with extract of belladonna, 4 by 6 inches in size, over the site of the obstruction, which had now existed nearly four days. As soon as he discovered the characteristic effects of belladonna in the throat he felt that peristaltic action was being stirred up, accompanied by borborygmus, and in a short time the sensation of tugging, or pulling, and slipping of the bowels at the seat of invagination, was followed by an extremely offensive discharge from the bowels, and relief. He accounts for the action of belladonna through its effect of relaxing muscular, and combating irritative contractility, by paralyzing the motor nerves. Through its action it, as it were, loosened the grip of the bowel upon itself.

He reports a similar case to his own in the person of a young negro, who was relieved by the same meaus.

In the treatment of strangulated hernia, Dr. Cilley has found the application of the soft extract freely to the strictured neck, to facilitate very materially the reduction of the tumor by taxis. In strangulated hæmorrhoidal tumors, there is no remedy comparable to belladonna as a local application, while the internal administration of ½-gr. doses once, twice or three times a day, as may be necessary to keep the bowels open, will be found a valuable remedy in the permanent cure of many of these cases.

Dr. Cilley also adds his testimony to the value of belladonna ointment applied to the os, in the rigidity thereof, which often

complicates labor. He has found that the application of the ointment to the posterior margin of the perineum is also valuable in relieving the rigidity thereof during labor. He enjoins the necessity, however, of careful support to the perineum after such use of the belladonna, as a failure to support it may result in a tear. Among the other uses to which he has put the drug with benefit, he mentions its well-known action in spasmodic stricture of the ureters or urethra, paraphimosis, iritis and painful dysmenorrhœa.—*Therapeutic Gazette.*

SELF CASTRATION.

Mr. E. B. M., aged 30, a marble cutter, and fairly intelligent, awoke me on the morning of May 4, 1883, at two o'clock, and introduced himself with the following remark: "Do not say anything about this, I've *cut* myself." Immediately conceiving the difficulty, I jumped into my street costume and accompanied him to his room—two blocks away. He quickly doffed his pantaloons, which contained a good half bushel measure full of old rags, every inch of which was saturated with blood, and showed me his scrotum. Examination showed that he had most effectually castrated himself. Though it had been done over two hours there was still profuse hemorrhage. As it was quite impossible to distinuish the arteries, owing to the mutilated condition of the tissues, as well as the excrutiating pain produced by the slightest traction on the cord, I procured sufficient ice to completely cover the scrotum and hypogastric region, and had the satisfaction of seeing hemorrhage cease in comparatively a few minutes. I placed him comfortably in bed, and having seated myself to await the break of day, he gave me, in substance, the following history: Had been for years an exceedingly amorous man; had been marrted eleven years; had a pretty and withal an accomplished wife, who at the present time was in Iowa. She had absolutely refused to live longer with him, and had left the house and was living with friends. The reason of this was his passion. He had intercourse with her several times during the day, to say nothing of the night! She had had eight miscarriages which she attributed to his brutishness. She had left him on several occasions, in fact, she vibrated between her husband's and her mother's house. Their only child, a rosy-cheek and apparently healthy girl, was born during one of these periods of bitterness, at which particular time she spent five months under her mother's roof and away from her husband. He thought his mind was affected—his nights were spent in horrid dreams and frequent emissions, and his days were one longing desire to be with some woman. He said he never

saw a petticoat without lustful desires. This has been the case for years and he was rapidly growing worse. Being away from his wife he naturally resorted to masturbation. This soon became disgusting to even such as he and he resolved to get rid of the offending member. He accordingly sharpened an ordinary pocket knife to the degree that would characterize a razor, and at his usual bed time (10.30 o'clock p. m.), after having spent what seemed to be a pleasant evening with the folks with whom he boarded, he retired to his room and did the deed. Let me interpose, just here, the fact that he had only one testicle. He stated he had a severe fall when a lad and the right testicle was so bruised and lacerated it had to be extirpated, and I had no reason to doubt his statement.

He made an incision about an inch in length along the dependent portion of the scrotum and squeezed the testicle out. It looked far more formidable than he had supposed it would, and he was severely frightened, so much so, in fact, that he tried to replace the testicle. That being impossible without enlarging the incision, he tied an ordinary piece of cotton cord around the arteries, cord and all, and amputated just above the testicle. The hemorrhage frightened him but the twine could be drawn no snugger, for even now the pain was well nigh murdering him. He tried water to no useful purpose, then he tried pressure with his fingers, which proved fairly successful, but his fingers finally grew tired and useless, and then the rags came into play, and he consoled himself with absorbing the blood with them for a short period. Then he betook himself to the river, three blocks away, thinking the cold water would be all that was necessary. After spending a half hour here, part of which time he was immersed in the water, he gave it up as a bad job, and admitted, in his own mind, that he had caught a tartar. It was then that he made up his mind to consult a surgeon and came to me and was treated as above. He was comfortable the remainder of the night, and on the following morning he was placed under the influence of ether and five small arteries tied, the wound cleaned and two sutures partially closed the wound in the scrotum. A five per cent. solution of carbolic acid was the only dressing for five days. On the fourth day the scrotum was slightly discolored; on the fifth day markedly so—accompanied with high fever. I did not understand this until his wife, who was at his bedside in response to a telegram, stated he had gotten up and walked out into town on both the fourth and fifth days—had been out several hours, and even used his mallet and chisel on the latter day. Getting him to bed again I had a poultice of charcoal and yeast applied, and gave tincture of iron internally. This was the treatment for a week,

at the lapse of which time he was feeling quite well, and everything looked normal. Resumed carbolic acid and gave quinine, iron and strichnine. He was careful enough to remain in bed during the greater portion of a week longer, when he was allowed to be up altogether, and in another was at his old place in the marble works, where he stayed until the 3d of September, when he removed to Michigan. He was feeling quite well—unusually so, in fact—when he departed. But it would seem from his own, as well as his wife's statement, that the castration did not have the desired effect. He enjoyed the connubial felicities as of yore and was quite brutish. She only lived with him two weeks after he was out of bed—then for solace hied to parts unknown, since which time I have not heard from either of them.—Dr. Whiting in *Peoria Medical Monthly*.

MARRIAGE AND MITRAL STENOSIS.

The *Med. News* tells us that in a recent clinical lecture at *la Charite*, Dr. Landouzy stated that the mitral orifice is anatomically narrower in women. On the other hand, the hyperalkalinity of their blood leads to sclerosis. These conditions explain the frequency of mitral stenosis in women. Nevertheless, as long as the left auricle, says the *Journal de Medecine*, remains in good condition, the primary lesion, makes but little progress; but when the great vital test of pregnancy comes, there is danger.

Porak's statistics show that in gravido-cardiac disorders, as they are called, more than two-thirds of the cases are those of mitral stenosis, mitral insufficiency, or the two combined. Obstetricians are agreed in advertising that a woman suffering with mitral disease, especially mitral stenosis, should not marry; or, being married, should not have a child; or, having given birth, she should not nurse. A woman with mitral disease having been married, and becoming a widow without having borne a child, is in a most favorable condition if she remains content with widowhood. So, too, religious celibates who preserve their continence may have mitral stenosis, and live to the age of grandmothers.

Landouzy mentions the case of a young girl, who had been in the hospital under his care, and whom he had advised not to marry, but who disregarded his advice, married, became pregnant, and, after a miscarriage, died suddenly in an attack of asystole.

Of course, in cardiac diseases, it is well to discourage marriage; but, in regard to such action, the old fable of Cupid being blind has countless illustrations, and at the bridal altar these very maidens, like other brides, deck themselves with orange flowers, the

very symbol of fecundity—whether they know this or not—when they ought not to have a single pregnancy. But, when married, they are advised not to have children. How many women can control this matter? To avoid reproduction is very easy to advise, very difficult to do. Possibly it might be well to counsel these cardiopathics to prepare for marriage by first undergoing Battey's operation. But when the wife is not sterilized in advance, a similar proposition might be made to the husband; and in the day when our gentle sisters become professors of diseases of the male sexual organs, possibly normal orchidectomy may occupy as important a place in the surgical therapeutics of men as normal ovariotomy now does in diseases of women.

However, we are not sanguine that either plan of treatment for the prevention of pregnancy will be adopted; but we are inclined to think that germicide solutions may continue to be in demand by cardiopathic wives.—*Med. and Surg. Reporter.*

PUERPERAL EPILEPSY.

The older writers, says M. Ch. Fere, believed eclampsia, whether infantile or puerperal, to be a neurosis analagous to epilepsy or hysteria. But since it has been discovered that in scarlatina and pregnancy there is often albuminuria, it has been the custom to explain all cases of eclampsia in these conditions by the action of the poisoned blood upon the nerve-centres. M. Fere has brought forward in the *Archives de Neurologie* of July, 1884, some observations and reasons in support of the view that puerperal eclampsia, for example, is the expression of a neuropathic state in which the conditions in pregnancy are only the exciting cause. Puerperal eclampsia, he thinks, may be regarded as an acute epilepsy or an "eclamptic epilepsy."

If the antecedents be carefully inquired into, in cases of puerperal eclampsia, there will generally be found, says Fere, a hereditary or acquired neuropathic history. A number of cases are cited also in which the puerperal eclampsia, so-called, was only the beginning of a chronic idiopathic epilepsy.

The influence of pregnancy upon the course of epilepsy has been investigated by several observers with somewhat contradictory results. On the whole, however, it appears that during pregnancy the number of epileptic attacks is somewhat diminished. It is also well known that epileptics, and "neuropathics" generally, often pass through pregnancy and even scarlatina without any convulsion. In explanation of these facts, however, Fere puts forward the view that in those disposed to epileptic attacks there exist various epileptogenic zones, *e. g.*, gastric, uterine,

peripheral, etc. In some cases the irritation must be gastric or peripheric, in other cases uterine, in order to excite the paroxysm and call forth the disease. It is known that in puerperal eclampsia, albuminuria does not always exist. Thus Charpentier alone cites one hundred and forty-one cases of this kind ("Traite pratique des accouchements," 1883). And Nothnagel admits that puerperal eclampsia is sometimes the result of an irritation of the uterine or sacral nerves acting upon an unstable nervous system.

Finally, many persons suffer from albuminuria and some degree of uræmia without having convulsions.

M. Fere has made out a case, therefore, which deserves some attention. Physicians should not be too ready to ascribe puerperal eclampsia entirely to blood-poisoning. They ought to be especially watchful when patients who are pregnant have a well-marked neuropathic history. At the same time, practical experience shows that the large majority of nervous and hysterical women go through pregnancy safely, showing that the pregnant uterus does not often become an epileptogenic zone.—*Med. Rec.*

LEMON JUICE IN MALARIA.

We have already noticed the recommendation of Dr. Tommasi Crudelli, of Rome, in reference to the use of lemon juice in malaria. Before the last International Medical Congress, this Professor gave the following directions for preparing the remedy. A lemon was cut up, peel and all, into thin slices, which are then put into three glassfuls of water, and the whole boiled down to one glassful. It is then strained through linen, squeezing the remains of the boiled lemon, and set aside for some hours to cool. The whole amount of the liquid is then taken fasting. Dr. Mascagni, of Italy, has succeeded with this remedy in curing an obstinate case of malaria in his own person, that had resisted quinine. It is well known that in Italy, Greece, and North Africa, they often use lemon juice, or a decoction of lemon seeds, as a remedy in malarial fevers of moderate intensity; and in Guadaloupe they use for the same purpose a decoction of the bark of the roots of the lemon tree. All these popular practices tend to show that the lemon tree produces a febrifuge substance, which resides in all parts of the plant, but which would seem to be most abundant in the fruit. In fact, among the popular remedies employed against malarial infection, this is the most efficacious, for it can be employed with good effects in acute fevers. But it is especially advantageous in combatting the chronic infection, which is rebellious to the action of quinine, and in removing or moderating its deplorable effects.—*Med. and Surg. Reporter.*

THE TREATMENT OF GONORRHŒA.

Ever and anon, the subject of the treatment of gonorrhœa presents itself, and the number of "sure cures" for the affection, will, at the present rate of increase, soon rival the proverbially numerous "sure cures" for rheumatism. The multitude of these remedies is the strongest argument in support of the intractable nature of the affection, and but serve to add force to the admonition not to promise the patient the speedy recovery which it is too largely the practice, and especially of younger practitioners, to do. Among the latter remedies is a formula recommended by Dr. Dellenbaugh, in the College and Clinical Record. It is as follows:

℞ Resorcin, ʒ j.
Boracic acid, gr. xx.
Acetate of zinc, gr. $\frac{1}{4}$—$\frac{1}{2}$.
Distilled water, ℥ iv. M.

Of this solution two teaspoonfuls are injected three times daily. It is said to be nearly or quite painless, and its rationale lies in the germicide and slightly astringent nature of its ingredients.

Another "new treatment" is recommended by a correspondent of the Lancet. It consists in the regular administration, every three hours, of five grains of the iodide of potassium, and full doses of cubebs in powder. The cubebs, in drachm doses, it is claimed, rarely fail to cut short the ailment rapidly, and the iodide, besides its solvent influence on the essential element of the powder, has a well recognized action on the various mucuous surfaces.—*Therapeutic Gazette.*

HYGIENE OF THE MOUTH IN THE NEW-BORN.

In an article on the diseases of the mouth in infants (erythema, Bednar's aphthæ, stomatitis catarrhalis, thrush, etc.), Dr. Epstein states it as his belief that the most frequent cause of these affections is to be found in the manner of washing the mouth of the new-born child. The cleansing of the mouth, as usually performed by nurses and midwives, is done roughly and unskilfully, and not only causes injury to the mucous membrane, but is also frequently the means of introducing infection from without. He advises that the buccal cavity be washed only once a day after the morning bath, and protests especially against cleansing the mouth immediately after birth without previous disinfection of the nurse's hands. In the treatment of apathæ no attempt should be made to remove any patches except those that lie within sight and easy reach, and any undue force should be most carefully avoided.—*Centralblatt fur Gynakologie.—Med. Record.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

IS PHTHISIS CONTAGIOUS?

THE opinion appears to have rapidly gained ground in the last decade that pulmonary consumption is communicable from person to person. Most of the facts adduced in support of that doctrine are cases of disease contracted apparently from sleeping with tuberculous patients. A case in point recently came to our knowledge. The wife of a man who had died after prolonged phthisis, herself sickened with the same disease, and fell a victim to it. "Post hoc, propter hoc," says the superficial observer of such a case, altogether ignoring the deleterious influence of months of overwork, watching, care and grief on a constitution perhaps predisposed to tuberculosis. No one will deny that to sleep with a consumptive person, and to inhale continually the foul emanations from diseased and suppurating lungs, is unwholesome and injurious in the extreme, but the question is whether a specific virus exists capable of innoculating the lungs of the attendant and communicating tubercular disease. A physician for many years connected in an official capacity with the Brompton Hospital for Consumptives, in London, gives a decided negative to the proposition, and certainly if experience goes for anything his opinion ought to be of some weight. He declares he has never met a case of pulmonary phthisis, however apparently due to a contagious origin, which would not be much more easily and rationally accounted for generally by recognized causes than by the doctrine of specific and contagious influences. As to the influence on nurses of the hospital atmosphere which must be literally charged with the bacilli of Koch, he makes the following emphatic statement which we commend to the attention of contagionists and doubters. The hospital was opened in 1846 with ninety beds. Ten years later it was completed, and since that time two hundred beds have been constantly occupied, each and every patient being a consumptive. During that period only one nurse has died of consumption, and that was a poor creature

whose husband had deserted her, and who had long endured, from other causes also, considerable mental anxiety and physical exhaustion. On the other hand the services of the nurses generally have been unusually prolonged, their general health being, as a rule, remarkably good. Of those now resident two have been on duty in the hospital seventeen years; one has resided thirteen years; one, eleven years; two, ten years; two, nine years; one, seven years; one, four years; two, three years; and four, two years. Two nurses recently died of old age and general decay, after having long been superannuated both having been in the hospital since it was founded. Of the women of all work whose duty it is to be much within the wards in sweeping and scrubbing the floors, only one has been known to be affected with phthisis, while it is obvious that during so long a period the number of persons thus employed must have been considerable.

TEACHING CHILDREN TO TAKE PILLS.

An English physician of much eminence, and an author of some note advises "one minim of creosote three times daily, combined with assafetida and rhubarb pill of each two grains" as almost a specific for incontinence of urine in children. That is all very well, but how to get it down, that is the question. It may be that the youngsters with which he had to do had been drilled in the art of swallowing pills, but we think we know of three at least that are as vigorous as the average and can swallow as much in a general way and in as short a space of time as their compeers elsewhere, that could not be made to swallow a pill even if their life depended on it, and not one in fifty of the little bed-wetters could be cured by that plan even if the treatment he proposed was infallible. Furthermore the attempt to stuff through a child's gullet fifteen grains a day of concentrated perfumery composed of creosote and assafetida would convert all future generations of that family to the belief that the millionth part of nothing duly triturated and agitated possesses miraculous healing power. With all respect therefore to the author alluded to we regard the prescription proposed as both disgusting and impracticable.

If however children were taught the art of swallowing pills what a deal of trouble would be saved, and a great point would be gained in treatment. There is something of an art in it—so much so that many persons live all their days without acquiring it, but we fancy there would be no great difficulty in teaching children to do it. Who ever saw a child that could not swallow cherry stones? The average child can, and will if not watched, swallow anything, not in the form of medicine, up to a tin whistle as large as an old fashioned copper cent, and grow fat on it. It certainly would be as easy to learn to swallow pills. One only has to get the *knack* of it, and the art once acquired is never lost. And what a comfort it is to patient, parent and physician when bitter and nauseous medicine can be peacefully smuggled into the stomach of a child. Just consider what an advantage to be able to administer quinine to a child, in pill form, in a case of intermittent fever, especially of the pernicious type, when given in any other way its bitterness would cause it to be persistently refused, or even rejected. There would be much trouble saved and much good done if parents would teach their children to swallow pills. Certificates are sometimes required for admission to schools, declaring that the applicant has been vaccinated, has had the measles etc. Why not add "and has learned to swallow pills."

LICENSING PROSTITUTION.

From time to time the policy of licensing houses of prostitution comes before the public as a question of discussion. The extensive prevalence of syphilitic disorders, and their prospective increase by inheritance, are subjects of disquiet the world over. And though the licensing of an acknowledged evil is confessed to be bad morality, yet many persons look for a benefit from the license more than sufficient to counterbalance the sacrifice of principle, by the sanitary provisions which the system enables the government to enforce. The theory is, that all prostitutes not licensed must be arrested and imprisoned—that a certificate of health is necessary to a license—that frequent inspection by appointed officers is required in connection with the houses—and

that men will thus be supplied with the means of sexual indulgence without risk of contracting disease. In no part of the world has this system been so well put to the test as in France. Many years of experience in that country should demonstrate its efficacy—if it has any. And what are the facts? So far from syphilis having disappeared or diminished in France, we have reason to believe that it prevails there more extensively than among any other civilized people, except it be in Vienna, where also the licensing system has been thoroughly tested. The French journals never cease to report the action of medical men and associations for the arrest of the gigantic evil. Premiums are offered continually for essays on the subject—not only in regard to the treatment of the disease, but as to the moral obligations of physicians in reference to infants born with syphilitic manifestations. One might suppose from observing the tendency of professional inquiries in France, that the entire population of all classes, was in danger of innoculation with syphilitic poison. We can see nothing in the system of licensing houses of prostitution in France, or in the customs of French society in regard to the sexual relations, worthy of imitation by ourselves or other nations.

GIVING NATURE UNDUE CREDIT.

It is too much the fashion of the day to extol the curative power of nature and depreciate the value of therapeutical agents. That there is a natural curative influence tending to throw off disease or to restore healthy action, no one doubts. That this influence is sufficient for the purpose in a large proportion of slight disturbances is equally clear. But many times nature balks, and blunders from the beginning and all the natural sensible tendencies are downward. If nature deserves all the credit given her by her ardent admirers she should prevent countless multitudes of diseased conditions. In fact we do not know but that it is fair to lay at her door the responsibility for all diseases. If nature does not really incite unhealthful actions she certainly shows her weakness by not preventing them. It is the part of medicine to observe closely and to co-operate with her, or to thwart her as the case may be. Nature produces grains and fruits from the earth for our sustenance. But she requires aid. The *expectant* farmer would starve. He must plow and plant

and till. So must the successful physician. Skillfully utilizing all natural movements in the right direction, it is necessary that he interfere if possible to arrest those in the wrong direction. Nature is now the friend of the physician, now his enemy. As the old saw has it of fire, nature is a good servant, but a bad master.

A POCKET URINARY TEST-CASE.

We have received from Parke, Davis & Co., a neat and convenient pocket urinary test-case, which we think will become a favorite with the profession. It contains a complete set of Dr. Oliver's urinary test-papers for albumen and sugar, among the most delicate and reliable known, enclosed in an envelope, on which are printed directions for their use; also a rubber-capped dropper and two test-tubes, of which one is appropriately graduated, and six specific gravity beads. Many physicians while admitting the importance of urinalysis, fail to avail themselves of this important aid in diagnosis owing to the difficulty attending the examinations under ordinary circumstances, the matter of time being an important item with the busy practitioner. The case is a veritable vest-pocket chemical laboratory and renders bedside urinary testing a very simple matter, and for the physician or consultant who has to visit a patient at a distance, it is invaluable, far surpassing in convenience and security anything which has yet been suggested. It only costs $1.50 in leather or $1.00 in paper. Get it!

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Hand-book of the Diagnosis and Treatment of Skin Diseases. By Arthur Van Harlingen, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic. P. Blakiston, Son & Co., Philadelphia.

It is the design of the author of this work to supply the general practitioner with a brief reliable manual on the most approved modern treatment of skin diseases. He therefore omits all reference to pathological anatomy, and touches but lightly upon etiology, but gives ample space to questions of immediate utility, i. e., to the description, diagnosis and treatment of the various diseases affecting the skin. The commoner affections, and those causing the most distress and annoyance are treated at length,

while the rarer diseases and those causing less trouble are dealt with briefly. Numerous prescriptions are given in full, and the details of local treatment are noted with commendable accuracy. Two colored plates accompany the work, showing the primary division of skin affections, i. e., whether macular, papular, vesicular, pustular, etc. The printing, binding, etc., are done in a style characteristic of the publishers. We find the work a valuable and valued addition to our own library.

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It has ever been a problem to provide a suitable food for infants deprived of their natural nourishment, mother's milk. This little work contains much useful advice on this all important subject, and many practical points in the care and feeding of infants. It will be sent free on application to Doliber, Goodale & Co., 41 Central Wharf, Boston.

RECEIPTS.

IN order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during September and October:

R. C. Poor 1, H. F. Gleason 1, M. W. Henry 1, S. V. Goldthwaite 1, H. E. Johnson 1, S. M. Catlin 1, W. H. Mosher 2, O. N. Taylor 1, V. R. Sanderson 1, J. W. Hegeboom 1, G. M. Niles 1, N. B Trefethern 1, W. A. Otis A. D. George 2, B. E. Hanaford 1, C. G. Irving 1, D. J. Kendrickson 1, E. I. Lamparte 1, F. M. Peters 1, G. S, Vennable 1, W. T. Southworth 1, J. S. Young 1, N. R. Manton 2, T. W. Ogden 1, L. J. Knowlton 1, T. Potter 1, R. J. Turner 1, S. T. Upham 1, U. N. Gerrish 1, I. S. Brabrook 1, L. J. Colton 1, P. E. Holtham 1, M. J. Darrow M. S. Fredericks 1, L. D. Parsons 1, S. P. Moulton 1, G. W. Franklin 1, W. T. Seaverns 1, C. J. Devereux 2, J. S. Hostetter 1, C. T. Brandford 1, W. A. Smithson 1, R. T. Knott 1, D. W. Oliver 1, J. C. Spencer 1, L. E. Snowdon 2, W. H. Morrison 1, J. H. Norton 1, T. O. Andrews 1, J. L. Rantoul 1, C. F. Vinton 1, R. T. Hueston J. Laughton 2, A. V. Templeton 1, G. Shaw 1, O. M. Pierce 1, J. A. Carlton 1, S. L. Dennison 1, E. M. Tarrant 1, F. N. Usher 2, G. O. Worthington 1, A. H. Packard 1, B. I. Quincy 1, C. K. Rockwell 1, D. Loring 1, J. Jackson 1, M, T. Vincent 1, N. U. Warring 1, O. N. Metcalf 1, J. W. Tennent 1, T. R. Brookhouse 1, S. K. Ulmer 1, L. B. Jennings 1, D. M. Radford 1, N. C. Seaver 1.

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FOR

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---

*Prepared with Extractum Pancreatis.

†Roberts' "Lectures on the Digestive Ferments."

April, 1884.

ON THE VALUE OF EXTRACTUM PANCREATIS

IN

PEPTONISING MILK, ETC.

FROM

DR. J. L. LUDLOW,

President of the Medical Board of the Philadelphia Hospital, Physician in Chief to the Presbyterian Hospital, Philadelphia.

1931 CHESTNUT STREET, PHILADELPHIA.
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I remain yours, J. L. LUDLOW.

Reprinted from "*The American Practitioner*," January, 1884.
Edited by D. W. YANDELL, M. D.; J. A. OCTERLONY, A. M., M. D.

EXTRACTUM PANCREATIS IN TYPHOID FEVER.

BY FRANK C. WILSON, M. D.
Professor of Physiology in the Hospital College of Medicine, Louisville, Ky.

In typhoid fever, more than in any other disease, do the indications point clearly and emphatically to the most careful dietetic management of the case, from the beginning to the end of it. The debilitating effect of the continued fever, protracted through a period of four or six weeks and sometimes even longer, must be combated in every possible way, and yet without adding to the danger of loading the intestines with undigested food, of itself a source of evil and discomfort. Only that which is absorbed and assimulated, is of real service to the system. In the enfeebled condition of the digestive organs very little of the food taken into the stomach can or will be digested, but passes down through the intestinal tract in a constantly fermenting state, thus adding to the discomfort by the increasing flatus, and over the inflamed and ulcerated Peyer's patches, producing possibly hemorrhage, or even death, by perforation. The great danger from this source has led some eminent physicians to advocate even total abstinence from food, confining the patient strictly to water, even for three or four weeks. If, however, food can be so thoroughly digested, before beingtaken into the stomach, that all will be readily absorbed and assimilated, leaving no residue, the indications will be fulfilled. Milk is the article of diet usually relied upon for feeding typhoid fever patients, but even when the digestive organs are in a healthy condition it coagulates into a mass of curd as soon as it reaches the stomach. This hard mass has then to be digested and disintegrated before being absorbed. If this fails to be accomplished by reason of the small quanity or poor quality of the digestive fluids, the irritating mass passes down through the intestines, a constant source of annoyance and danger. This may all be obviated by digesting the milk with the pancreatic extract, as prepared by Fairchild Bros. & Foster, of New York. Milk so treated cannot be so coagulated by even the strongest acids, its casein being transformed into peptone and in condition to be at once absorbed and assimilated. There is noticeable a slight bitterness, to which the patient soon becomes accustomed, so that

it is taken readily and produces no discomfort. Even this bitter taste may be avoided by stopping the process of digestion before it is entirely completed. It has been found by experiment that the objectionable taste is only developed when the casein is entirely peptonized. It is scarcely ever necessary to carry the artificial digestion quite so far, and when stopped at any point before completion the taste is perfectly natural. If immediately placed on ice, it can be kept as long as simple undigested milk. The ferment of the pancreatic extract is held in a latent condition, and when taken into the intestinal canal may still further aid in the completion of the digestive process.

To avoid the possibility of the patient becoming tired of the same article of diet, day after day, its form of administration may be varied in a number of ways. As the casein is peptonized, and cannot be coagulated by even the stronger acids, the milk so prepared can be utilized in making milk punch. This can be flavored with lemon juice or any other acid desired. Thickened with gelatin, sweetened and flavored, it forms a delicious milk jelly suitable for the convalescent patients and grateful to the taste.

During the past two years I have met with many instances in which the use of the pancreatic extract has yielded the most gratifying results. Not alone in typhoid fever is it useful, but in all instances where the digestion is enfeebled, or where it is interfered with by the presence of ulcerated or inflamed surfaces, the process of peptonizing the food will be found of service. In rectal alimentation its importance is manifest, the food so prepared being readily absorbed and appropriated without inconvenience or irritation. I have sustained patients with gastric ulcer entirely by nutrient enemata twelve or fourteen days. In this time the ulcer will be entirely healed, so as to allow the cautious administration of peptonized milk in gradually increasing quantity, until a full meal can be taken.

To Dr. Roberts, who first suggested the importance of peptonizing the food, and to the Fairchild Brothers, whose pancreatic extract enables us to so readily and thoroughly accomplish it, the profession owes an everlasting debt of gratitude, echoed by many patients whose lives have been saved by its use.

LOUISVILLE, KY.

From the "Boston Medical and Surgical Journal," July 19, 1883.

PEPTONIZED MILK AS A CURATIVE AGENT IN ACUTE DYSPEPSIA.*

By John W. Brannan, A.B., M.D., of Colorado Springs, Col.

Physicians are often baffled and discouraged in attempting to treat a stomach so disordered as to be absolutely intolerant of all food. The various drugs known as digestives are tried in turn, and the most easily assimilable food is given. Milk in small quantities, either alone or with the addition of lime water, is often well borne, and in such cases a favorable result is merely a question of time. But in other cases the stomach, incapable of performing its functions, demands not simply *digestible* food, but food already *digested*.

Physiology has taught us the nature and workings of the digestive ferments of the body, and physiological chemistry has given us the active principals of those ferments. In selecting a food for artificial digestion we may reasonably choose that one which is most easy of natural digestion—that is, milk. The albumen of meat and eggs can be digested artificially by a solution of pepsine and hydrochloric acid, but the process is of five to eight hours' duration, and the resulting product is far from tempting to a fastidious stomach. Milk, however, by the process I am about to describe, can be digested sufficiently in one hour or less to be readily taken up by the absorbent vessels of the body. Its taste, when thus prepared, is not at all disagreeable. Moreover, milk contains all the proximate principles necessary to the complete nutrition of the body. Of these principles the sugar, water and saline matters are already in a state fit for absorption. Milk sugar, though not absolutely identical with grape sugar, is closely allied to it, and, according to Pavy, behaves precisely like it in the alimentary canal. We have left then the casein and butter of the milk, the former to be converted into albuminose or peptone, the latter to be emulsified. The pancreatic juice is the only ferment in the body which combines the properties of changing albuminoids into peptones, starch into sugar, and of emulsifying fats. The Extractum Pancreatis of Fairchild Brothers & Foster, of New York, is the prepara-

* Read before the El Paso County Medical Society, April 9, 1883.

tion I have employed in the following manner: Five grains of Extractum Pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk, warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter taste, or, rather, after-taste. It is now raised to the boiling point, strained, and placed on ice, ready for use. In my experiments I found that the casein of the milk was not completely peptonized, nor the fat entirely emulsified, until the digestion had proceeded for two hours or more. But the milk becomes very bitter and disagreeable to the taste after such prolonged digestion, and in practice one hours' digestion seems to give the best results. As will be seen from the cases detailed below, this length of time suffices to render the milk easy of assimulation.

Case I.—E. A., a child of nine years of age, is not very strong, but has a fair digestion, as a rule, though with a tendency to constipation. In consequence of a succession of colds the child's strength became much reduced, and at the time of my first visit subacute, passing into acute, dyspepsia had developed. The symptoms were nausea and vomiting, and epigastric pain on taking food. After trying a very simple diet and various digestives without good effect, peptonized milk was given as the sole food. All dyspeptic symptoms ceased at once, and after two days of this diet other articles of food were, one by one, permitted to be eaten, and well borne. In five days from the beginning of the attack the child's digestion was apparently perfectly restored, though she had not yet recovered her usual strength. There was marked constipation in this case, which was relieved by Seidlitz powders.

Case II., is that of Miss B., a young woman of twenty-two, far advanced in consumption. Her digestion has always been rather weak. On the 10th of February, 1883, the patient complained of occasional nausea and vomiting, and also of a troublesome diarrhœa. The vomiting was checked for some time by milk and lime water, and the diarrhœa controlled by lead and opium. On February 23d the vomiting grew much worse; pepsine, lactopeptine, ingluvin, etc., were all tried, but to no purpose. At the same time the diarrhœa became almost uncontrolable, there being six or eight loose dejections daily. The stomach rejected all food, even of the simplest nature. Peptonized milk was now given, and was well borne by the stomach for two days, though the taste of the milk was disagreeable to the patient. There was no diarrhœa during these two days, although no astringent medicines were used. As the patient now began to

have a strong repugnance to the peptonized milk it was discontinued, and a return to ordinary food was gradually made. During the month following her digestion remained very good, and but little medicine was required for the bowels. On the 21st of March there was again a little vomiting, accompanied with quite severe diarrhœa. Peptonized milk was at once ordered, but mutton and chicken broths were also allowed. The diarrhœa was checked with chalk and laudanum. Again the stomach responded to the milk treatment, though I had but little hope that it would. At the present time the patient's digestion remains fairly good, in spite of the steady advance of the disease in her lungs.

Case III.—March 1, 1883, I was called to Mrs. C., a lady two months along in her second pregnancy. Her digestion had never been very strong. She was now suffering from almost constant nausea, which for a time was controlled by lactopeptine and ingluvin and a careful regulation of the diet. After a time these remedies failed of effect, and all kinds of food were vomited, though the patient maintained the recumbent position constantly. Previous to the advent of the nausea the patient had been taking six or seven glasses of ordinary milk daily, but now she could not bear even a very small quantity, having a great distaste to it. Peptonized milk was now given to the exclusion of all other forms of nourishment. The vomiting ceased almost immediately, and after a day or two there was no more nausea. Rest in bed was still maintained for three days; the patient was then able to get up and go about with no further dyspeptic symptoms. After five days of peptonized milk diet rare beefsteak was given once daily, and in a few days more the peptonized milk was given up entirely, the patient longing for plain milk and ordinary food. There has been no return of the dyspepsia, but the patient is, of course, very careful in her diet. She considers her digestion to be better now than it has been for years.

In this case, as in the first, there was marked constipation. Pills of extract of nux vomica, hyoscyamus, and compound extract of colocynth were employed to combat it.

As bearing upon the question of the rapidity of absorption of peptonized milk it may be well to note one incident in the history of this case. On the first day of the milk treatment the patient had left her bed for some reason twenty minutes after taking a full glass of the prepared milk. The movement was followed by the vomiting of about a tablespoonful of greenish fluid. There was not a trace in it of the milk so recently swallowed. According to the physiologists two hours is the time taken by ordinary milk in digestion.

There are a few points to which I shall refer briefly in closing.

First.—It is essential that the physician in charge, or at least some one more intelligent than the ordinary servant, should superintend the first preparation of the milk. In the second case given above the milk was made too bitter on the first day, hence the patient took a distaste to it which she could not afterwards overcome. In the course of the hour taken by its digestion the temperature of the milk may be allowed to rise as high as 115° F. or fall as low as 98° F., but only for a few minutes at a time. It is best to keep it as near to 100° F. as possible.

Second.—In the process I have described, the pancreatic extract is not the only factor in transforming the casein into the albuminose. According to the experiments of T. Schmidt a solution of bicarbonate of soda added to cow's milk diminishes the amount of casein and increases that of the hemialbuminose. Again, the same observer proves that the process of boiling transforms a considerable amount of the casein into hemialbuminose, and thus brings the composition of cow's milk nearer to that of woman's milk. We thus have three forces all tending to make the milk more assimilable for the stomach.

Third.—Though I have dwelt especially upon the utility of peptonized milk in acute dyspepsia, I am convinced that it would also be of service in many cases of chronic dyspepsia. The patient in Case III. had been a sufferer from greater or less dyspepsia for years. Less than one week of peptonized milk diet not only relieved all her acute symptoms, but also improved her digestion to such an extent that she can now eat and assimilate all kinds of food.

Fourth.—From its readiness of absorption peptonized milk ought to be well fitted for rectal injection. When used for this purpose its digestion might with advantage be carried much further than when prepared for the stomach.

Fifth.—The three cases I have reported are all in which I have had an opportunity to try peptonized milk as an easily assimilated food. Though few in number, the uniform success in the treatment has led me to publish them, with the hope that further trial by other observers may verify the results I obtained.

Reprinted from an original communication to the "Indiana Medical Journal," March, 1884.
Edited by FRANK C. FERGUSON, M.D., and A. W. BRAYTON, M.D.

PANCREATIZED MILK
IN
GASTRIC AND INTESTINAL DISORDERS.

BY FRANK MORRISON, M. D.

My attention was first directed to the use of pancreated fluids, chiefly milk, in the above mentioned disorders, a few months since, while serving as one of the physicians to the orphans' asylum. At this institution the rule has been heretofore, as the matron informed me, for almost all of the bottle-fed infants to die within a few months—and often a few weeks—after admission, from the digestive troubles incident to their unnatural mode of life. Up to within a short time, this mortality had not been in any degree lessened by any of the various methods of treatment employed. To my predecessor, Dr. Henthorne, belongs all of whatever credit may be due for the introduction and use of the pancreatized milk. Its benefit was at once apparent in the sudden reduction of the death rate, so that it soon became the rule for infants to live, instead of to die. Upon assuming my duties at the asylum, I directed the continuance of Dr. Henthorne's plan of treatment, and extended it to embrace other conditions. Without a wearisome recital of the details of all the cases, I think I am justified in coming to the following conclusions:

First, that pancreatized milk is one of the best, if not the best remedy for vomiting, whether coming from simple irritability of the stomach from some obscure cause, from a coagulation of the casein of the ingested milk, or what may seem strange, even in inflammatory diseases of the stomach. As examples of the first class, I would bring forward those cases in which, in the absence of any sign of gastric inflammation, all substances taken into the stomach are immediately returned, and often with considerable force. *Among infants, comparatively few cases of this description came under*

*notice, but a considerable number were seen among children and adults reeovering from acute diseases. In but one instance did it fail to relieve—the first case under my care—and that I lay to the worthlessness of the pancreatin then on hand.** I trusted too implicitly to the knowledge of the nurse, who informed me that she had used it extensively, and that it was working all right (referring to the action of the pancreatin on the milk). I was present during one of the spells of vomiting a few days before the infant's death, and noticed some coagula in the vomited matter. This led to investigation,† and an immediate change in the sample employed, but though relief was obtained for a few hours, the child died next day with a return of the trouble. As a most peculiar instance of its power, I may mention a case seen by me in connection with a physician a few miles out of town. The patient, a lady in the neighborhood of fifty years of age, was seized with incessant vomiting, coming on after a slight surgical operation, and resisting all of the usual remedies, but yielding immediately and almost completely to the milk. After the death of the sufferer, which occured from another cause, a *post mortem* showed adhesion of the lower margin of the omentum to the left crural ring, at which point there had been a femoral hernia during life. The stomach had been displaced somewhat downward by this band, which was drawn so tightly as to encroach very materially upon the calibre of the transverse colon. I can offer no explanation of its mode of action in the foregoing cases. It could not have been by rendering the milk bland and unirritatting alone, as in some of the cases it was impossible to retain even pure water. The second class, viz: those suffering from coagulation of the casein of the milk, and subsequent vomiting, were by far the most numerous, and the part played by pancreatin in their relief was obvious. While I cannot speak of it too highly in the previous class, it is in these that we would expect to find it most efficacious. I will not take the time to quote a list of cases

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* Italics ours.

† We beg to urge upon physicians the importance of writing for "Extractum Pancreatis" when they desire to use our preparation of the pancreas-ferments. The necessity for this is illustrated by this case cited by Dr. Morrison. The "pancreatins" of the market, without exception, are composed of over 90 per cent. of milk sugar. They are all devoid of activity for digesting starch or albumens, caseine. etc,; indeed, they claim only to possess the property of emulsifying fats.

If the indefinite word "pancreatin" is used, there is liability of substitution or error.

familiar to all, but will say that where, in bottle-fed infants, the milk is rejected in a curdled condition, some time after being taken, the addition of a good article of pancreatin to the milk will almost invariably relieve. In inflammation of the stomach, my experience, from the very nature of the case, must amount to nothing. But two instances came under notice. One, a man of forty-one years of age, had been sick with vomiting and burning pain in the stomach for several days. Nothing could be retained. Water, which he craved incessantly, was swallowed only to be immediately vomited. Burning pain and tenderness in the epigastric region, character of the vomiting, rise of temperature, and condition of the pulse warranted, I think, my diagnosis of acute gastrisis. After trying all the remedies of which I knew, such as ice, morphia, bismuth, alkalies, and the now fashionable infinitesimal doses of calomel, without effect, I fell back upon the use of the pancreatized milk, solely for the relief of vomiting. Its effect was complete and immediate. In another, which I was led to diagnose gastric ulcer, the result was equally good. In the various diarrhœas of infants, both inflammatory and non-inflammatory, it has given great satisfaction. So thoroughly am I convinced of its power, that I feel as if I could check a diarrhœa as completely with bismuth and pancreatized milk as with the most approved doses of opium. In fact, since its introduction into the asylum, not a drop of paregoric or a particle of any astringent has, to my knowledge, been used in the treatment of infantile diarrhœas, or colics. In those cases of sudden cramps, coming on immediately after eating, and followed by a free liquid evacuation, it has only to be tried to be recommended. In one rather numerous class of patients, on the other hand, it has been perfectly useless. I allude to that slow wasting away of the body, without diarrhœa, or any decided symptom, coming on in hand-raised children. One death occurred, and another is at present time failing so that, warned by previous experience, I am led to give an unfavorable prognosis. * * * * *

INDIANAPOLIS, IND.

Reprint from "Am. Journal of Obstetrics," September, 1883.
PAUL F. MUNDE, M. D., Editor.

The Value of Milk Treated by Pancreas-Ferments.

BY FRANCIS L. HAYNES, M. D., PHILADELPHIA.

I have used milk, artificially digested by pancreas-ferments, in the following cases:

1. Chronic intestinal catarrh of six months' duration in a child one year old. Marked wasting; rickets. Rapid recovery.

2. Chronic intestinal catarrh of seven months' duration in a child fifteen months old. Recovery in ten days, and rapid increase in weight.

3. Chronic gastro-intestinal catarrh (from birth), with acute catarrhal pneumonia, in a child one year old. The peptone agreed thoroughly with this patient, and the vomiting and purging ceased. The pneumonia continued, and destroyed life by exhaustion in one month.

4. Extreme emaciation and exhaustion in a child three weeks old. Rapid recovery. One month after, during very hot weather, cholera infantum and death.

5. Cholera infantum in a child two months old. The milk peptone was used as soon as the vomiting and purging had been checked. Rapid recovery.

The only other medication used in these cases was morphia to check the bowels, or to meet other indications.

In numerous cases of indigestion, intestinal catarrh, and other diseases in adults, I have used milk peptones, and frequently with benefit.

The preparation used is the "Extractum Pancreatis" made by *Fairchild Bros. & Foster*, 60 Fulton street, N. Y.

The following formula is used, and the druggist is directed to furnish a scoop holding a scruple of the powder:

℞ Extracti pancreatis, ... ʒ i.
Sodii bicarbonatis, ... ʒ iij.

M. et Sig. Add scoopful to a gill of water; mix with pint of fresh milk; keep this mixture at a temperature of 110° for two hours. Boil, place while hot in bottles, and keep on ice.

In the absence of a thermometer, the mother is directed to keep the milk so hot that she can barely hold some in the mouth.

The bottles used are beer bottles, with patent air-tight rubber tops.

If the milk is to be used immediately, it is not necessary to boil and bottle it; but, if kept, it soon spoils.

Milk thus prepared has a bitter taste.

The directions for use are the same as those for ordinary milk.

The Messrs. Fairchild supply a pamphlet containing much valuable information on this subject.

280 EAST CUMBERLAND STREET.

OFFICE OF
FAIRCHILD BROS. & FOSTER,
60 FULTON STREET,
NEW YORK.

TO THE MEDICAL PROFESSION:

We beg to offer a few practical points in regard to the employment of the *pancreas ferment* in the preparation of *peptonized milk*. These are founded upon such suggestions as have been afforded by extensive correspondence and communications with the profession upon this subject, as well as upon our own personal experience in supplying peptonized milk directly to *patients* in response to demand from our local physicians.

1st. It seems that the caseine, in what may be termed *partially* peptonized Milk, has undergone sufficient change to adapt it for assimilation in the great *majority* of *cases*.

2nd. It is only when the milk—its caseine—has been *entirely* converted into *peptone*, that any *bitter* taste is developed; this is the flavor of the "milk peptone."

3d. The degree of digestion is very simply regulated by the *time* during which the milk is subjected to the *action* of the *Extractum Pancreatis*.

4th. As a *general rule*, place the bottle containing the milk and the "*peptonizing powder*" in a vessel of hot water for three quarters of an hour.

5th. Now, at the desired point of digestion, something must be done to *stop further digestive action*.

6th. It is much better to use *ice* for this purpose. The cold temperature effectually suspends action of the digestive ferments, but this is permitted to be resumed when again subjected to warmth, as in the *stomach*.

7th. *Boiling* permanently stops action by killing the digestive principle, but it tends to develop a cooked and disagreeable flavor.

FOR BOTTLE-FED INFANTS.

8th. *Partially* Peptonized Milk is the best, most rational substitute for woman's milk, for regular feeding to the infant; as by the action of the Extractum Pancreatis the *excess* of caseine is overcome by conversion into *peptone*, and formation of *hard* curds thus rendered impossible.

Skill and success in this, as in every other process, come with experience. We will mail, post-paid, to any *physician* upon application, *pamphlet* giving explicit information upon the subject in all details, also, "direction slips" for the *guidance of your patients*.

Excerpt reprinted from the "Archives of Pediatrics," Feb. 15, 1884.

CLINICAL LECTURE ON INFANT FEEDING.

By John M. Keating, M. D.,
Visiting Obstetrician to Philadelphia Hospital.
Reported by W. A. Edwards, M. D., Asst. Dem. Clin. Med., University of Penna.

"It is easy enough to find some form of diet that will nourish a healthy child. The most difficult problem to solve is the food to be administered to an infant who is delicate from birth and cannot nurse, one who is suffering from some form of intestinal catarrh, or one whose digestion has been totally upset by a severe attack of summer complaint. These are, in fact, the worst cases that we have to deal with; in treating such cases, we should bear in mind that a child's food should not be made so extremely weak, in order to avoid all irritating qualities, as to make it fail in its object of supplying nutrition, but we must endeavor to make the child's digestive functions meet us half way, and thereby establish an equilibrium; we can either do this by the administration of those drugs which are known to facilitate digestion, such as the various forms of pepsine or pancreatine, as the case demands, or we should endeavor by tonic influences to bring about a healthy establishment of the functions of those organs whose secretions are needed for the proper digestion of food.

If a child is so weak and exhausted that it will not digest the mildest form of prepared food, and it is impossible to obtain the breast-milk, for this should be our first thought, it is useless to weaken the condensed milk, or whatever we use, to such a degree as to make it absolutely valueless as a nutrient: the proper thing to do, under such circumstances, is, in my opinion, to give some form of food which requires but little action of the digestive juices, or to prepare the food so that it is partially digested beforehand.

I have used for some time, with great advantage, eggs albumen dissolved in water, as a food for sick children when the stomach was intolerant of ordinary milk food. I have also observed that gum-arabic water will nourish for a surprising time and allay irritability.

The barley food, as recommended above, would be valueless in a case of this kind, and pure cow's milk, diluted to resemble as closely as possible the mother's milk, would be regurgitated. In such cases, and they are frequent in the summer months, especially if you are called much in consultation practice, the preparation of milk which has undergone partial digestion by the pancreatic ferment, in an alkaline condition, I have found most useful. The preparation is one which must be made with care and according to the following directions: Into a clean quart bottle put a powder of five grains of extractum pancreatis and fifteen grains of bicarbonate of soda, and a gill of water; shake; then add a pint of fresh milk. Place the bottle in a pitcher of hot water, or set the bottle aside in a warm place for an hour or an hour and a half, to keep the milk warm; by this time the milk will become peptonized. When the contents of the bottle acquire a grayish-yellow color and slightly bitter taste, then the milk is thoroughly peptonized; that is to say, that the casein of the milk has been digested into peptone. Great heat or cold will destroy this digestive action, so to prevent all further action, when you think that the digestion has progressed far enough, at once place the bottle of peptonized milk on ice, or into a vessel of boiling water long enough to scald its contents; it may then be kept like ordinary milk.

I have found from experience that it will be objectionable to the child if the bitter taste is at all well marked; the mother, who should receive your instructions, should be warned to frequently taste the milk during its digestion, and as soon as the bitter taste is the *least* apparent, the bottle should be placed on the ice for cooling and use, as in these instances it is sufficient to partially peptonize the milk.

I mention these facts particularly, as, strange to say, I have always failed with it in hospital practice, whereas in private practice I have had some excellent results, owing, I think, to extra care in its preparation."

How to Administer Nauseous Medicines in an Acceptable Manner.

During the past couple of years we have received so many unsolicited testimonials to the efficiency of

CASCARA CORDIAL

as a vehicle for the administration of drugs which are offensive to the palate, that we were induced to test the range of its applicability to this end. The result of our experiments has strongly corroborated the reports, and justifies us, in asking for this preparation, a trial in the prescriptions of nauseous medicines with ***special reference to quinine.***

It requires no argument to convince physicians of the desirability of palatability in mixtures, but the important matter has been neglected, to the detriment of regular medicine in the regard of the public, chiefly because of the existence on the market of no agreeable and reliable excipient which could be ordered on prescriptions, and thus obviate the danger of change in the medicinal nature of the compound which exists when the druggist is given a carte blanche order to make the mixture agreeable. When the peculiar tonic laxative properties of Cascara Cordial are considered, its value as an excipient in a large number of cases, will be all the more apparent.

We respectfully request physicians to test the value of Cascara Cordial in the direction indicated.

PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

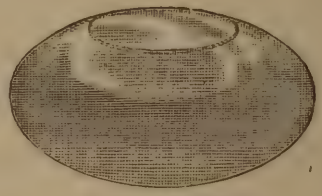
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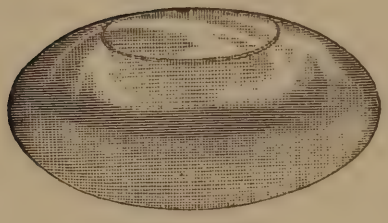
Few preparations illustrate more strikingly than these, the value of the service which pharmacy is rendering the practitioner of medicine. While we manufacture these SOLUBLE ELASTIC FILLED CAPSULES of all sizes, ranging from ten minims to half an ounce, it is more particularly to the larger sizes that we would now ask attention. The small sizes have been before the profession for a considerable time, and are, therefore, familiar. Comparatively few practitioners, we believe, realize the great advantages which would accrue, both in the increased satisfaction to the prescriber, and the comfort and well-being of the patient, through the general employment of these capsules in the administration of the more bulky and nauseous oily drugs, *e. g.* Castor Oil and Cod Liver Oil.



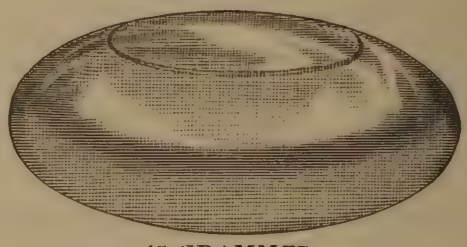
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We claim for the ingredients with which our capsules are filled absolute conformity to the highest standard of excellence.

SPECIFY P., D. & CO., ON PRESCRIPTIONS and thus guard against the substitution of inferior preparations.

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Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

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Approximate Solubility in Cold Water,	- - - - -	2 1-2 gr.	to 1 oz.
" " " Hot Water,	- - - - -	12	" 1 oz.
" " " Alcohol,	- - - - -	3-4	" 1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

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℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
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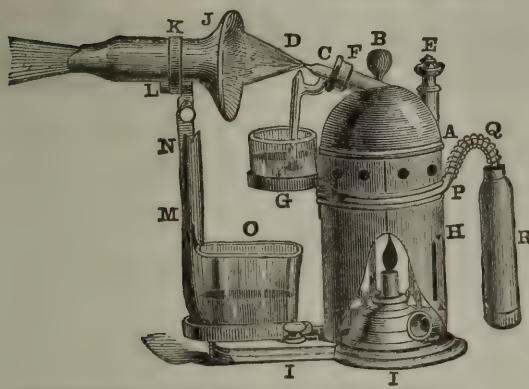
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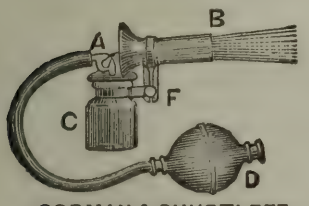
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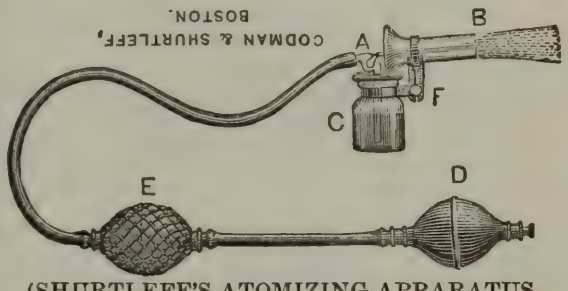
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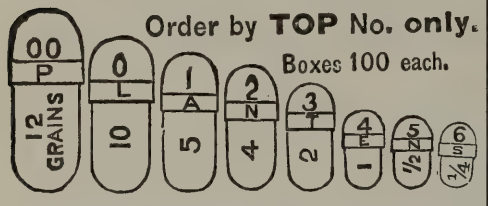
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The same results can be obtained outside of the Free Hospital of 70 Beds for Infants and Women with Chronic Diseases, established and supported by the Murdock Liquid Food Co., Boston, as in it. Confirmed by Cases that we extract from Essays read before the American Medical Association at Richmond, Va., and Washington, D. C., 1884, and the American Institute of Homoeopathy, at Milwaukee, Wis., and Deer Park, Md., 1884, and on its value in Cholera Infantum from the New England Medical Gazette.

Extracts from Essay read before the American Medical Association, at Washington, D. C., May, 1884, by B. N. Towle, M. D., Boston.

Case 1. Mrs. A., aged 28 Years.

This patient had been failing for six months. When I first saw her, she had a sore throat, cough, free expectoration of a glairy mucus, pain, and tenderness through right lung just below the clavicle, debility, emaciation, fever and night sweats; pulse 100, temperature 99½, appetite poor, and food distressed her. Had hæmophysis twice.

An examination of the chest revealed a dullness below right clavicle, with diminished respiratory murmur, with moist crepitations over top of both lungs. Treatment: hypophosphates of soda and inhalations of oleopinisylvestris for two months, with but little or no improvement. Raw Food added, and in six weeks she gained twelve pounds, and was able to resume her home duties.

Case 2. Miss B., aged 22 Years.

First saw her in 1880. Symptoms: A course, harsh cough; free expectoration of cell mucus; pain in left side through to shoulder; throat dry; loss of appetite; diarrhœa and constipation alternating; fever at night; pulse 110; temperature 100; considerable emaciation and great weakness; constantly getting cold, and having fresh attacks of pleurisy.

She had been treated by her family physician for seven weeks with no improvement.

Blisters to the side and Raw Food was advised, and in five weeks she was able to resume her work in a shop.

Case 3. Mrs. H., aged 55 Years.

This patient had nervous exhaustion from overwork and the loss of a daughter. She was very much reduced, not able to walk on the street; great nervousness; sleepless nights and confused and troubled days, often affirming that she should be insane; no appetite; food distressed her; constipated; great mental depression, often wishing to die. The whole list of nerve tonics and sedatives was tried and failed. I put her on Raw Food, and she at once began to mend, and in six months was well.

Case 4. Aged 22 Years.

For the last five years this patient has been a constant sufferer from cancrum oris. For weeks at a time her cheeks and tongue have been one mass of ulcers. Whole days the saliva would flow continually from her mouth. Appetite very poor, with a burning pain in mouth and stomach after taking food, and an intolerable faintness when the stomach was empty.

For four years she had been suffering in this way, until not able to wait upon herself. One year ago I advised Raw Food, and she has continued it until the present time. She now has very little trouble from the canker, and is quite well and strong—able to share the care of her household.

Case 5. Mrs. F., aged 30 Years.

Bright's disease of three years' standing. Symptoms: Uræmic. Urimis vomiting; frequent epistaxis; sallow, milky complexion; great thirst; good appetite; food often came up as soon as swallowed.

I saw him, and advised mineral water and Raw Food, which he was able to retain, and improved on it for a time, but finally died. This case showing that Raw Food could be retained on the stomach when other food was rejected.

Extract from Essay read at Richmond, Va., before the American Medical Association, by Geo. R. Shepherd, M. D., Hartford, Conn.

Chronic Strumous Arthritis of the Knee—Caries of Femur and Tibia—Incipient Secondary Disease of the Lungs, with Waxy Liver and Spleen.

Mr. S., aged 34, came under my care in the spring of 1880, on account of strumous arthritis of long standing. He had been treated by advertising quacks so long as his money lasted, and then applied to an educated surgeon, who prescribed cod-liver oil and iron; but he had no regular attention till the time of my taking the case. I found the knee joint swollen and tender, with numerous sinuses leading toward it. The exhaustion from long-continued discharge, and inability to digest his food, was so great, and the symptoms of incipient disease of the lungs, liver and spleen were so marked, that I considered the case, as I first saw it, a hopeless one, and any operation entirely out of the question. After a short trial of the oil, iron, etc., as there was no improvement, I gave him Murdock's Liquid Food in place of the oil. This he took nicely, and before long began to give evidence of increasing strength. The sinuses contracted and healed, the pulmonary symptoms improved, and at the end of four months he began to walk on his crutches, and after a while was able to go up and down stairs.

He now went away upon a visit to his friends in New York, and upon his return I am satisfied he did not have nourishment enough of any kind, he having relinquished his Food when he left the city. I did not see him until some three or four months after his return, and then found him much reduced in strength, and with increased discharge from his limb. Prescribing a little potash to quiet his pain at night, I immediately resumed the Liquid Food, and was pleased to note an improvement almost immediately. But, although he gained in general health, still the local disease remained nearly the same, with this exception, viz., there was much less pain at night, und the sinuses contracted and discharged much less, although they did not entirely heal. The spleen decreased somewhat in size, but the liver remained about the same. The urine was normal. Severe illness of his child and sickness in my family caused me to content myself with this condition till April 28 of this year, when, with the assistance of Drs. Packard and Crossfield, I placed him under ether, and, cutting down upon the internal condyle, found a small portion of dead bone, about the size of a cent. I could not believe that this marked improvement in general health was compatible with very extensive disease of the bones; and still I was prepared to reset the joint, if found necessary. After removing the external plate of dead bone, I began scraping away the soft, carious portion beneath, and soon had penetrated to the opposite condyle, where I found a thin plate of sound bone. To be brief, I found the lower four inches of the femur and the head of the tibia, with two inches or more of its shaft, a simple shell of bone, filled with the carious pulp; and, since resection was out of the question, amputation was performed in the middle third, and the stump healed by first intention, through five-sixths of its extent. [May 16—The stump is all healed, and Mr. S. walking about everywhere.]

At the time of the operation the spleen was found to be about natural in size, and the liver but little larger than it should be, though still firm and thick.

This case is remarkable on account of the improvement which took place while taking the Food, although there existed such extensive disease. [July 9, 1884—Now in perfect health.]

Any Physician who has a case that will not yield to treatment can have a bed assigned, and can treat the patient daily if he wishes to. Contagious cases not admitted.

The same results can be obtained outside of the Free Hospital of 70 Beds for Infants and Women with Chronic Diseases, established and supported by the Murdock Liquid Food Co., Boston, as in it. Confirmed by Cases that we extract from Essays read before the American Medical Association at Richmond, Va., and Washington, D. C., 1884, and the American Institute of Homoeopathy, at Milwaukee, Wis., and Deer Park, Md., 1884, and on its value in Cholera Infantum from the New England Medical Gazette.

Essay read at Deer Park, Maryland, before the American Institute of Homeopthy, June 17, 1884, by G. E. Sparhawk, M. D., Burlington, Vt., will be in our new pamphlet.

Extract from Dr. G. B. Peck's (of Providence) Essay before the Thirty-third Congress of the American Institute of Homœopathy, at Milwaukee, Wis.

Symptoms resulting from loss of blood should, of course, be treated by their similia; so generous a diet will be given as the condition of the patient will permit. Above all things else stands "Murdock's Liquid Food."

From the American Homœopath, January, 1884.

FOOD EXTRACTS. The value of Murdock's Liquid Food is fairly illustrated in the following case, a friend of ours: This lady suffered from general debility, the outcome of a residence in a malarious district, greatly intensified by unskilled treatment. Under homœopathic care and a change of residence some improvement was noticeable, but the debility continued, notwithstanding close study of the case; a normal weight of 118 pounds was reduced to 96, when Murdock's Food was prescribed, and in three months health was re-established, and a gain in weight of 25 pounds resulted from its continued use for some six months.

From the Peoria (Ill.) Medical Monthly.

We have used Murdock's Liquid Food in a number of cases of great debility, and where the stomach was unable to retain any kind of food; in some cases, in fact, the patients were starving to death. The results have been *all and more* than we expected. We think it needs but a trial to prove its worth to every one—EDITOR.

From the New England Medical Monthly, July 15, 1883.

A hospital containing over seventy beds has recently been started in Boston by the Murdock Liquid Food Co. This is a noble charity, and one that reflects great credit upon its projectors, If the success of this institution is as great as the Food they make is valuable, we predict for it a magnificent success It is certainly one of the most valuable dietetic preparations in the world. We speak from a long and extended experience in our practice and in our own family. If it could only be made to taste a little better it would be perfect.

From the London Health, July, 27, '83.

HOUSEHOLD NECESSITIES. "Murdock's Liquid Food" may be specially mentioned. This extract has attained a high reputation in America, and from a knowledge of its use in the wasting diseases especially childhood, it has hardly an equal in respect of its speedy digestion and strength. In general debility this Food is of high value, and those who have cases of wasting disease under their care should give this Food a trial.

From the New England Medical Gazette.

MURDOCK'S LIQUID FOOD IN VOMITING OF CHOLERA INFANTUM.

BY F. L. BABCOCK, M. D., DEDHAM, MASS.

Every physician in active practice has probably been somewhat troubled in this terrible disease in infancy with most obstinate vomiting of all food taken into the stomach. We have found the most happy relief from this troublesome symptom in the use of "Murdock's Liquid Food"—by the complete withdrawal of *all food* and the use of this Liquid Food, five drops in one teaspoonful of water every half hour alternately with the medicine. In several instances the case seemed hopeless; in spite of the best selected remedies, the vomiting continued unchecked. It ceased immediately upon receiving the Food, and in a few hours the little sufferer would begin to improve. As improvement progresses, we gradually increase the amount of Food given to ten drops per hour. By this means we have been able to turn what seemed to be most certain defeat into signal victory. We have heretofore always looked upon the symptom of vomiting in cholera infantum as secondary in importance to the diarrhœa. But we have observed that, in proportion as we have been able to check the vomiting, we have seen improvement in the diarrhœa.

The following cases in our practice may serve to show its value in some most troublesome cases:

Case 1.

Was called to attend Baby C———, aged sixteen months, and found a well-developed case of cholera infantum: Profuse watery diarrhœa; vomiting of everything taken into the stomach; intense thirst; head hot; hands and feet cold. *Ver.*, *Ars.*, *Cham.*, were each given according to indications, without benefit. From the first the vomiting and diarrhœa continued unchecked. The infant became greatly prostrated in strength and reduced in flesh; eyes sunken and turned upward into the head; pulse very weak and rapid. At this stage the regular food of the child was taken away, and Murdock's Food given, as stated above, and with the best results. From the first dose of the Food the vomiting ceased, and the child did not vomit afterward. The diarrhœa continued for a short time, but the child began to recover as soon as the vomiting ceased. The diarrhœa was relieved by *Veratrum alb.*, and the child made a good recovery.

Case 2.

Was called to see Baby F——, aged nine months. Found the child in its mother's arms, constantly crying. Cold hands and feet; head hot; very thirsty. When asleep its eyes are partly open. Profuse watery diarrhœa and vomiting of everything taken into its stomach. Was enabled with *Veratrum alb.*, to check the diarrhœa, but the vomitting continued. Continued *Veratrum alb.*, withdrew all food and drink, and gave Murdock's Liquid Food, five drops in one teaspoonful of water every half-hour. The vomiting soon ceased; and, with a slight relapse on the following day, that was controlled by *Veratrum*, the child made a complete recovery.

We regard this Food as the most valuable auxiliary to our treatment in all cases where the stomach is weak and inclined to reject all food. We have seen the most happy results from the use of this Food in many of the exhausting diseases of childhood, but especially in the vomiting of cholera infantum.

For any Physician who has not tried our Liquid Food and would like to (it is the only raw food known, is condensed 16.86 and free of insoluble matter), we will deliver to any express in Boston one six ounce bottle free.

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It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

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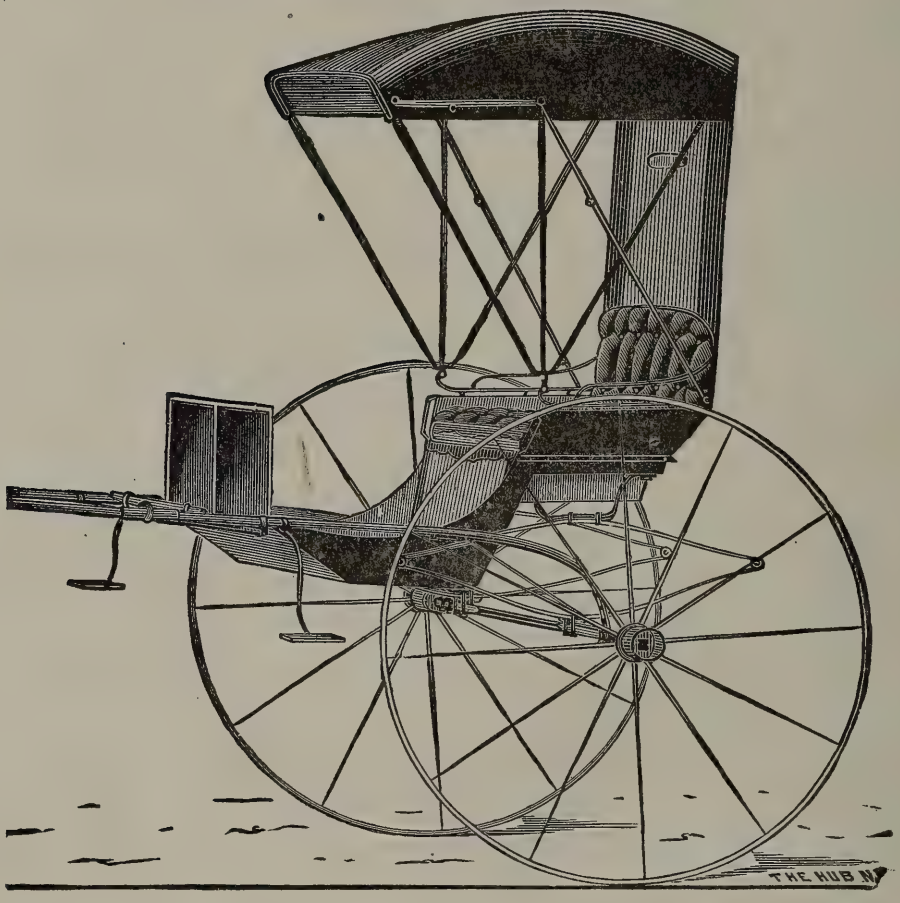
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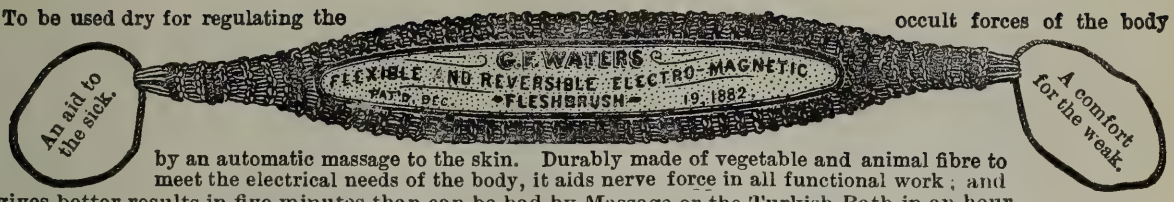
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J. B. M., a Boston publisher, after two months use, said:—"Your brush is going to make my fortune. It will save me $50 a year in bath tickets, and *more than fifty hours time.* My skin is cleaner and I feel better than when I took the baths once a week."

Miss E. J., a Boston school teacher, supposed to be in the last stages of tuberculosis when she began, August 1st, 1883, the use of this flesh brush, after two months experience, wrote:—"I am using your brush twice a day. I am sure it is doing me good. My skin is in splendid condition. I feel well, and am increasing my avoirdupois," After four months more experience from its use she said:—"I like it very much indeed, I feel perfectly well, and I am heavier now than I have ever been. I would not be without it for anything. I would rather buy one every year. I've not had a cough nor a cold since I began to use it."

Wm. H. W., M. D., Dorchester, Mass., after four months use in a "trying time of the year," said:—"It's a good thing, I have not been so free from rheumatism for years as since I have been using it. I had previously tried all the various remedies, including massage, without any amelioration of the trouble."

Wm. H. Wescott, M. D., of this city, said: "That brush has cured my rheumatism." He had previously tried medicine, baths, brushes, and massage without help. He now has six in use by his patients.

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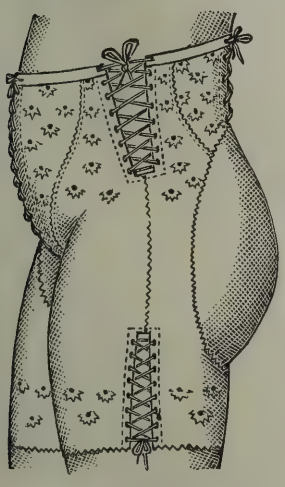
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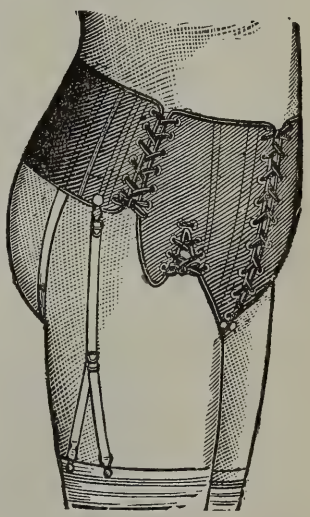
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Measurement must be accurate to insure perfect fit.

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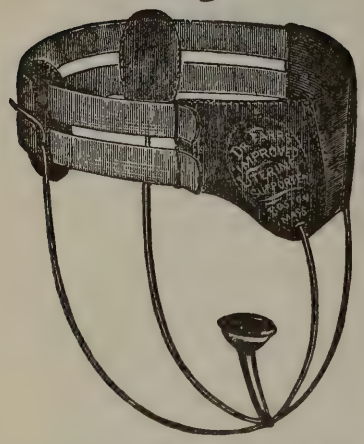
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Fig1.



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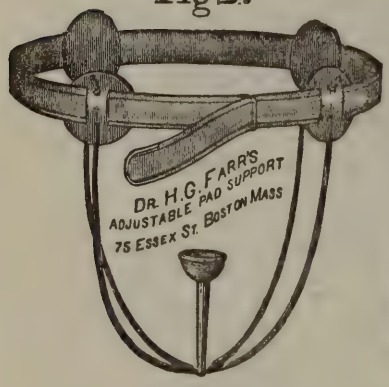
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Fig2.



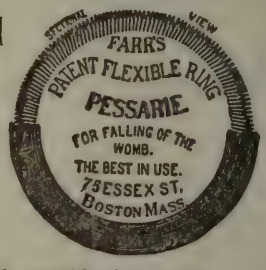
The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1,	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00



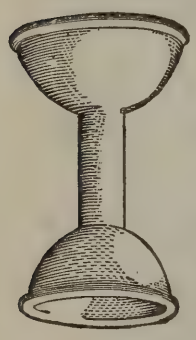
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Price, to Physicians, 50 cents each, or $5.00 per dozen.



Farr's Pat. Pelvic Uterine Supporter,

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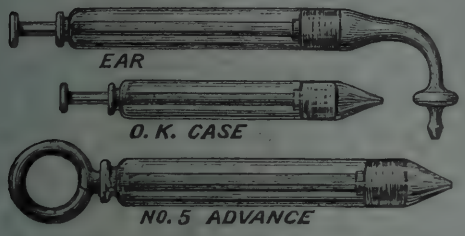
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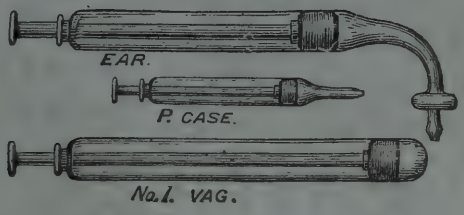


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

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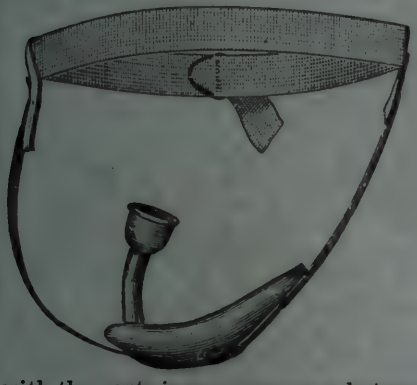
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Each and every syringe has on it my Red Label, with name and address.
ALL OTHERS ARE WORTHLESS IMITATIONS.

FIG. 1.

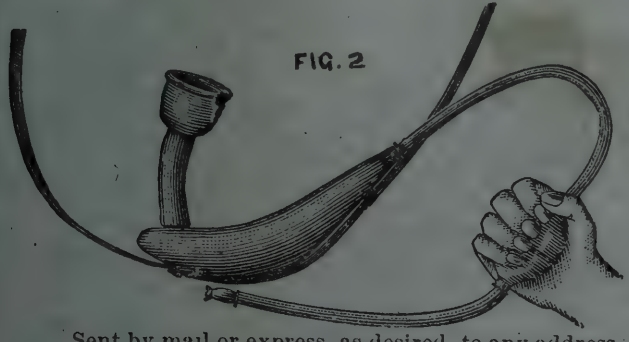


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By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.



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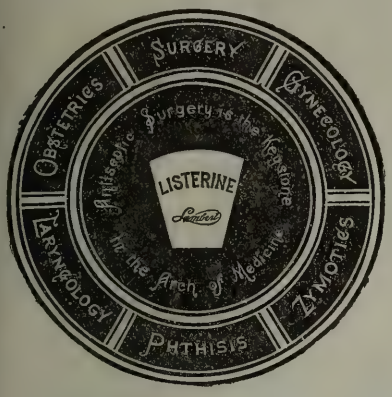
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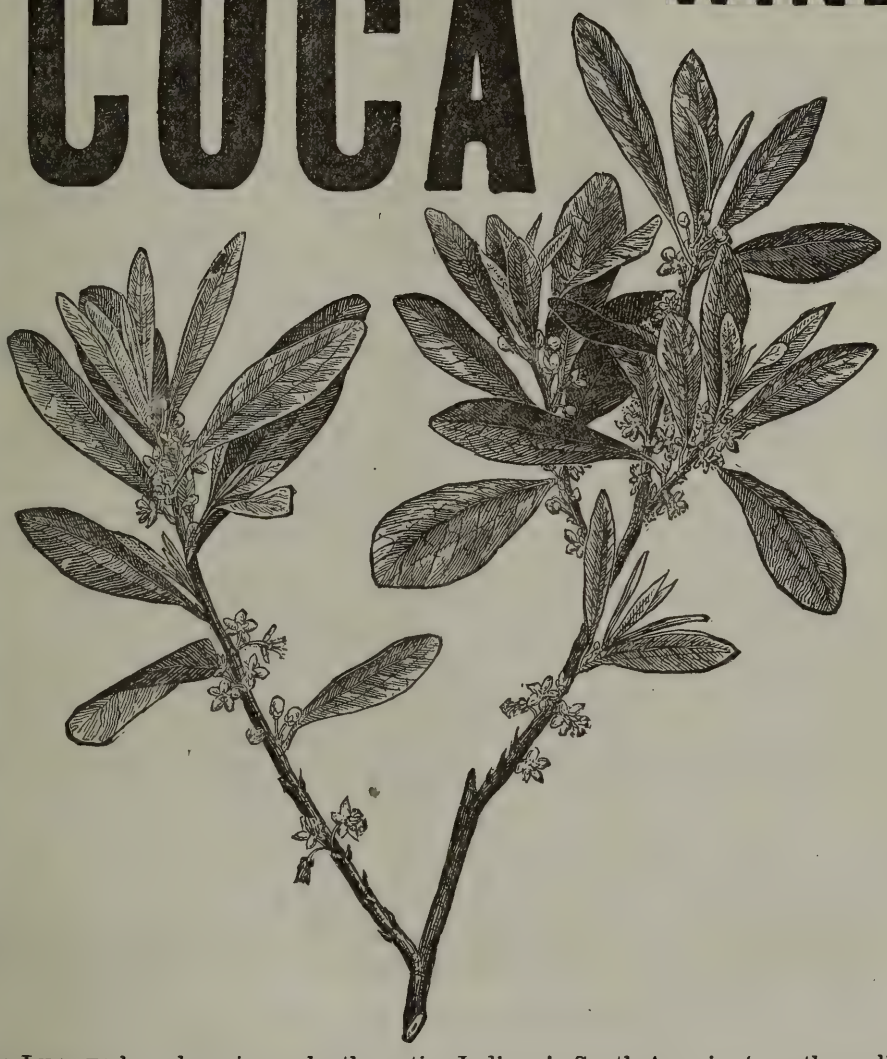
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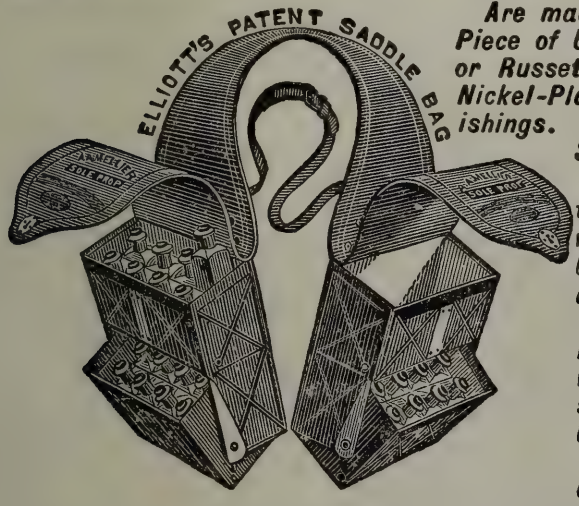
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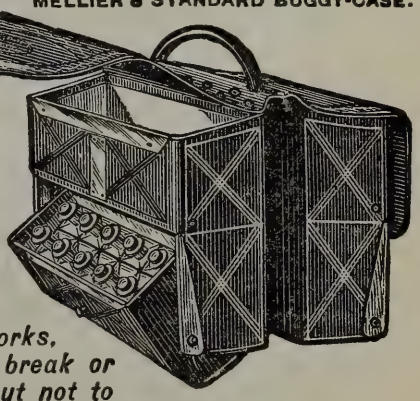
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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

CLASS LEGISLATION.

BY L. T. BEAM, M. D., JOHNSTOWN, PA.

A GOOD deal of interest in this question is taken by most medical men. The strenuous, persistent and unscrupulous efforts of old-school men generally, to secure legislative enactments, whereby their dogmas may control the practice of medicine, have aroused in the breast of all liberal minded men no inconsiderable disgust and indignation. Aside from sumptuary legislation, nothing excites more antipathy than statutory laws in the interests of a favored few—in other words than class legislation. Recently the subject has been pretty fairly ventilated, and the whole thing subjected to severe and scathing criticisms.

Among others who have discussed the question is Professor KING, of the Eclectic Medical Institute, in his address delivered before the National Eclectic Medical Association in Cincinnati, in June last. We advise all to read it and earefully digest it, as it is a masterly portraiture of the animus of those favoring special medical legislation. "Good wine needs no bush;" hence, the unanswerable arguments of the address need no endorsement. It is a paper in every sense worthy of the man, and places him conspicuously before the general public, not only as an able expounder of the principles involved in the controversy, but as a genuine and thorough-going eclectic. So true to himself, and

so just to the cause of liberalism does he show himself, that we heartily endorse the following sentiment of a distinguished member of the National Association, as expressed in a letter just received: "God bless Professor King for the thoughts and work of his address. If eclecticism departs from this, may it cease totally to exist."

No one can read the address without perceiving that it is permeated with the spirit of our National Constitution, and that Professor King places himself fully, fairly and squarely on its broad and liberal platform. His positions throughout are in rigid harmony with the general tenor, not only of the preamble and constitution, but with all the sentiments advanced by those who participated in the debate preceding their adoption. It will be remembered that at the session of the National, in Pennsylvania, in 1877, one of its leading features was the revision of the constitution. After thorough discussion by our leading men, such as Professors Scudder, Howe, Wilder, Anton, Merrell, Pitzer and Newton, the following positions were set forth in the preamble and unanimously adopted: "The right of doing good transcends all statutory and other enactments, and the profession of healing is therefore radically a sacred one, to be exercised by any and every person duly qualified by natural endowments and acquired skill and knowledge." * * * "The practice of medicine has become conformed to the genius of the nineteenth century, and is no more the secret art of a sacerdotal caste, or a privileged order, to be hedged in by penal laws, ethical codes, or other instruments of barbarism and oppression, but has become the lawful vocation of citizens, like other callings." * * * "All legislation, political favor, or other discrimination tending to restrict or contravene the right of medical practice, especially for the purpose of fostering any school of practice, under the pretext of regularity or superior scientific knowledge, is a violation of the spirit, if not of the express provisions of the constitutions and laws of the nation, and of the several states."

The principles enunciated in the foregoing, and adopted into the constitution of the National Eclectic Medical Association at that time, are not only distinctive in opposition to the American Medical Association, but are intended to solidify

and maintain the fellowship of all who are in sympathy with the expressed objects and aims of our national organization. Its design is a specific one; namely, the unification of the scattered forces of eclecticism, in the interest of self-defense and self-preservation. And though much has been accomplished by our National Association, the end has as yet been only partially attained.

Unfortunately some of our leading men, who ought to be soul and body with us, are only half-hearted in the work, while a few others seem to be acting the role of toadying to old-school ethics and methods, and thus hankering "after the flesh pots of Egypt." And more especially is this true of some of our college men who have axes to grind by way of begging patronage—an end they seem to see in special medical legislation and health-boards. They invest in Boards of Health as kinds of police forces to carry out the provisions of registration acts. Their motives are therefore essentially sordid—always looking out for an increase of grists at their mills.

But are they not short-sighted in this matter, in sacrificing the prospects of a great future good, for a present limited gain? Had eclectics forty years ago pursued a similar course, by quietly submitting to the outrages inflicted on them by medical statutes, there would be to-day very little eclectic practice, and no eclectic colleges or even journals to advocate the cause of liberalism in medicine. And yet the nefarious statutes of that time were no worse, not a whit more proscriptive than those sought to be enacted at the present.

Against judicious legislation in medical matters we enter no caveat; indeed, it is the duty of a State to pass such laws as will protect its citizens from the mistakes of incompetent practitioners, and which will inflict condign punishment on physicians and surgeons in all cases of mal-practice. We would have our medical curriculums aim a death-blow at all quackery, by a complete and thorough medical education of all our students. Legislation can do comparatively little in the work of destroying quackery, but proper education much. Quackery is to be found in other professions as well as in medicine; but no attempt is made to legislate against it in any of the other professions—not

even in the ministry. The same kind of arguments in favor of a medical registration law, would hold in favor of a ministerial one.

In the conflict between progress and "regularism," no man can be considered a true eclectic who would confine medicine within the proscripttve acts of a legislature. No truly cultured man, one well up in scientific knowledge, much less a competent eclectic practitioner should desire to put any disabilities on any qualified man in practicing medicine, whatever might be his views of the theory and practice. And we are glad to say that up to within a short time the "regulars" have had a monopoly of this kind of work—standing alone in asking and seeking for legislative statutes discriminating in their favor exclusively. But we regret to note that recently a few of our men have thoughtlessly joined hands with their "ancient enemy" in this disreputable enterprise. What ideas such men have of civil and personal right it would be interesting to know. One of the surprises of the nineteenth century is that any man claiming to be an eclectic should give aid and comfort to the sacerdotal race in their persistent efforts to repress by class-legislation all who have "the courage of their convictions."

The National Medical Association owes its birth and continued existence to the persecuting measures of those who are continually asking for legislation. "When in the course of human events" it became necessary for the eclectics "to assume the separate and equal station to which the laws of nature, and of nature's God entitled them, a decent respect to the opinions of mankind required that they should declare the causes which impelled them;" hence, among other things proclaimed in their preamble to the constitution, is that the profession of medicine may "be exercised by any and every person duly qualified by natural endowments and acquired skill and knowledge," and that it should never "be hedged in by penal laws, ethical codes, or other instruments of barbarism and oppression." By these self-evident truths, the founders of the National Association were guided, and on their principles the superstructure was erected—they being fundamental principles of eclecticism.

We can not, therefore, as eclectics afford to either sacrifice or compromise our principles, by relaxing our opposition to the

continued and concerted efforts of the regulars to establish, through covert acts of legislation, a censorship over us. Everywhere, at all times and in all places we should be ready to sacrifice selfish purposes for the general good. The time has come when we should be thoroughly united for a counter warfare in the legislative halls. In the work before us there should be no mincing of matters, no half-way course, no hesitating policy. Let us see things as they are, and call things by their right names. As a spade is a spade, so acid is acid, however adroitly covered by wax-cells of honey. Coated pills are none the less aloetic.

Our accommodating eclectics who are now training with the enemy will find in a few years, what a grievous mistake they have made. We are pained to know that one result of this toadying policy to regularism, is the sending of students, even sons of eclectics to old-school colleges. This is one of the legitimate effects of medical legislation. It is a well known fact that medical legislation finds its most active supporters in and about colleges. They recognize the efficient agency of a Board of Health, and would like to see them established everywhere.

INFANTILE THERAPEUTICS.

BY J. P. BILLS, M. D., HYDE PARK, MASS.

It is not my purpose to enter upon a long and laborious review of the materia medica, but to confine myself to a few of the remedies with which I have had more or less success in some of the diseases incident to childhood. Treating diseases of children forms no small part of the work a physician is called upon to perform, and his success in this line of practice, is very often the standard by which he is judged as competent or otherwise. I have observed that medical men who are successful in this line of business are *seemingly* busy and prosperous individuals. Their success is probably due to the fact that they understand in what form, medicine is the least objectionable ; they also keep in mind the fact that medicine to do good must be absorbed and taken into the circulation without exciting any morbid process. Professor Scudder says: "It matters little with what skill a

disease is diagnosed, or the remedies selected, if they fail to gain entrance into the blood, and, as many of the diseases of children are due to wrongs of the circulatory system, the above fact ought not to be lost sight of in determining how best to treat sick children."

An infant, in many instances, has but a few months of existence before the physician is called to treat it. One of the most common difficulties encountered at this time is constipation. The trouble many times is due no doubt, to a failure of the glandular system to properly perform its function. The trouble is more common in infants who are called "bottle babies," than in those who are nursed, and overfeeding is certainly a fruitful cause of the trouble. What are we to do in such cases?

It is my experience that where the trouble arises from a failure of the glandular system, a few drops of fluid extract of butternut on a little sugar has a wonderful effect for the child's good. When it is due to over-feeding or too stimulating food, the best plan is to regulate the food both as to quality, quantity and frequency of feeding. It is an essential that the food be of such a nature as to sustain and nourish the little patient, and yet be within its power to digest.

In my way of thinking the selection of a suitable food for an infant is largely a matter of experiment. Some do well on Mellin's food, some on Swiss condensed milk, some on Nestle's milk food, while peptonized food does well for some. It sometimes happens after a right kind of food has been selected, the constipation still persists. A good thing to do under such circumstances is to use injections of warm milk and water, say an equal quantity of each; have the bowels rubbed and kneaded with the hand for two or three minutes each day, and if the trouble is due to a want of tone in the muscular structure of the intestines, the above plan will be productive of much good. Sometimes one or both parents are of a constipated habit, and I believe the disposition to it is many times inherited by the offspring. The difficulty arising from this source will tax the skill and ingenuity of the physician to its utmost. All that can be done is to point out to the parents the manner of life the child should lead, enjoining a proper attention to hygienic and

sanitary laws, and these if faithfully followed, will do as much or more good than anything else that can be advised.

The physician should keep in mind the condition of the nervous system of the child he is called to treat, well knowing that the nerve centres being immature, are easily excited, the result being a determination of blood, which if not corrected, will lead to wrongs of secretion, nutrition, and excretion.

The sedative action of aconite and gelsemium for this particular wrong, is so well understood that it seems needless to allude to it here. Still some of the doubting Thomases say that too much is claimed for these remedies, that they have had cases where there was a marked wrong of the nerve centres, determination of blood, and the usual train of symptoms accompanying this wrong, but they gave nothing and at the next visit the child was apparently well. We are not ready to dispute their assertion simply because we did not see the cases referred to. For my part I feel that without aconite and gelsemium in the small and often repeated doses, where they are clearly indicated, the practice of medicine in many instances would be far less satisfactory to me than it is.

Aconite as a topical application in cases where there is a tendency to cerebral congestion is a remedy of great value, and this condition is frequently found in cholera infantum. A drachm of the tincture in a pint of water is about the proper proportion, and a cloth wrung out of the solution and constantly applied to the base of the brain, will give results surprising to those who have never used the agent in this way.

Mangifera Indica as a local application in diphtheria is an agent that often gives most satisfactory results. I have repeatedly seen it do better than the sulphurous acid spray. Of course the internal treatment is of the utmost importance and in alternation with whatever sedatives are indicated, in such cases the first decimal trituration of bichlorate of potassium in combination with phytolacca are remedies with which much good can be done. An external application composed of oil of sassafras will be found to exert a beneficial effect.

Nux vomica as a remedy in cholera infantum is well known. In minute doses it will arrest nausea and vomiting from gastric

irritability and is employed with marked benefit in the above named disorder. It will restore loss of nerve force so commonly noticed in children sick with this disease. While the remedy is useful in cholera infantum it is capable of doing mischief—particularly if there is evidence of cerebro-spinal irritation—if given in too large doses or if small doses are too frequently repeated.

For a diarrhœa in children, due to an irritable condition of the intestinal canal, the result of cold or irritating food, small doses of aconite, ipecac and capsicum in combination, given every hour will often relieve the difficulty. There are also cases in which nothing will do so well as the neutralizing cordial. Bismuth, pepsin and geranin are agents used with more or less success in this particular disorder.

Lesions in blood making are common in childhood, especially those that favor a condition commonly known as scrofulous. There is but little doubt that this condition would occur less frequently if the proper attention was paid to the diet, the food of the child being regulated by the capacity of its digestive organs. Fluid foods are essential for the first two years of life. A child should not have animal food before it has the means of masticating it and then it should be of the lightest quality and only about three times a week.

From the wrongs of digestion comes imperfect nourishment and that implies poor tissue and feeble organs. This state of affairs is to be met with remedies that improve the quality and quantity of blood. Arsenic is a remedy that will do this. But it is a poison some may say and should not be given to children. True, it is a poison, but we know that in the proper dose it is a good blood maker and that it improves nutrition. The dose must be small and the case for its use well selected.

Professor Scudder in speaking of the dose of medicine says "it should be as small as will give the desired result. The harsh and immediate action of medicine is not usually desirable but rather that gentle influence which is in the direction of healthy action and which may appropriately be called physiological."

In this as in other things there is a happy mean, which when found gives the best results.

MEDICAL LEGISLATION.

BY JOHN KING, M. D., CINCINNATI, OHIO.

"*Both God and man hate a coward.*"

II. PETER, 2, 21 and 22. Permit me to make a few remarks relative to an article on medical legislation in your estimable Journal, for November, 1884, pp. 481 to 485. The writer thereof commences by stating that attention has for some time past been turned toward the subject of medical legislation, and informs us that "as eclectics we should well consider the subject, and not speak hastily or inadvisedly," etc. The said writer can not, certainly, be well acquainted with the rise and progress of Eclecticism if he is not aware that this is a matter which our pioneer reformers and eclectics fully appreciated and combated against, under the most disheartening circumstances, and at a period when they were in the *minority* to a much greater degree than we are at the present day; when their system of medical practice was not only in its infancy but was constantly attacked by base misrepresentations, and, when the people had much less information and knowledge concerning the reformed or eclectic practice of medicine as a success, than they possess at the present day. And it comes with an ill-grace from one professing to be an eclectic to appeal to our intelligent and well-posted American Eclectics that they speak not "hastily or inadvisedly," etc. Inadvisedly! With whom would he have eclectics advise? With himself, a member of the Illinois State Board of Health?

The influences that have been brought to bear, in some of our western states, upon eclectics as soon as they have become regulated by, and interested in, these Boards of Health—and especially when an eclectic is generously permitted to belong to one of them, in most cases as an ornamental wall-flower to be destroyed in proper time—must indeed be potent; it seems to disorganize their minds as to true liberality, mental liberty, and personal right, and occasions an "abject bending of the knee that thrift may follow fawning." A better article than the one above referred to, towards forwarding old-school measures for the formation of State Boards of Health, could not be presented, and I can readily imagine the grins of delight upon the features

of those of our opponents who perused it. It contains a mixture of truth with sophistry; a base surrender of principle and rights without a single blow in self-defence, and this, as said writer states, because we are in the *minority*, and may, unless we do submit, have to "exist as guerillas." What would our pioneer "guerillas" have said to such an unmanly and dishonorable statement? Were they now living, and should they reply to it, the member of the Illinois State Board of Health would doubtless have called them—as he does those of the present day who dare to assert their rights—"shriekers after freedom," and their arguments and explanations he would kindly dispose of as "vituperation, denunciation, invective, and boomerangs." Thanks to those "shriekers after freedom," our revolutionary forefathers, we inherit freedom from them, notwithstanding toryism and treason.

Undoubtedly, the said writer means exactly what he states; he has an undoubted right to his opinions, the same as every man has to his own views, whether such conceptions be right or wrong, and if he be honest in asserting and supporting them, I must respect him. But the ideas advanced by said writer are not in accord with genuine Eclecticism, to whose interests they always have been, still are, and always will be, adverse. And when he proposes to *advise* "thoughtfully and carefully upon this matter," by presenting to us such sugar-coated sentiments, he must expect to receive at least a notice.

In his second paragraph we find the following: "2nd. Distrust, almost amounting to opposition to all medical legislation." The word *almost* so disguises the sentence that it might be found difficult to determine its real meaning; but if it be intended to convey the idea that all medical legislation is opposed by those "shriekers after freedom" who are combating against State Boards of Health, it is decidedly untrue. Distrust! Distrust of what, or of whom? He does not state, but from the general tenor of his article he probably means distrust of old school physicians. If so, let us ask, have we not strong reasons for distrusting them, when we consider, "thoughtfully and carefully," the persecutions and misrepresentations to which they subjected our pioneer reformers, and which is continued even to

the present day as far as they have dared to venture? The omitting to give us credit for our investigations and discoveries, or, if given at all, referred to in a discourteous way as from "the so-called eclectics;" the published refusal of their various colleges for several years past and still continued, to receive the pupils of eclectic practitioners as students; and the invariable custom, whenever they write concerning "irregulars, quacks," etc., of not forgetting to include the name "eclectic" in the category; are not these acts of gross injustice sufficient to awaken distrust?

If he means distrust of State Boards of Health, have we not here also strong reasons for such feeling when we consider their action in the several states where these boards exist? How has it been with the U. S. Medical College of New York City, arrogantly wiped out of existence—a mere trifling informality being the plea? And observe how each year tends to fasten the bonds still more tightly around "irregulars" in that state. How is it in Virginia; is an eclectic admitted as a member of their State Board? How is it in Minnesota where, I have been informed, they not only determine who may or may not practice medicine, but also undertake to interfere with and regulate the manner in which a practitioner shall conduct his business, not even forgetting his sign? Missouri, I pass over with a sigh of regret. But in Illinois, of the State Board of which, the said writer is a member, how have eclectics from other states fared there? Every measure has been adopted to prevent, as far as possible, graduates from eclectic colleges in other states from entering into practice; by their audacious ordinances, designed in spirit if not in word, to regulate and interfere with the long-established usages of colleges in other states, as referred to on p. 6 of the published address delivered by me before the National Eclectic Medical Association in June last. Have we not, then, reasons for distrust not only of old-school physicians and state boards of health, but likewise of the member of the Illinois State Board of Health who, claiming to be an eclectic, bids us "*speak or die.*"

The said writer gives us the amazing information that "the practice of medicine has to do not only with the health but the

lives of the people." No one disputes this, it is really true; and true it likewise is that "a great responsibility rests upon the medical man." But how is it with the baker who furnishes healthy or unhealthy bread; with the grocer who furnishes pure or adulterated tea, coffee, sugar, vinegar, etc.; the butcher who sells us healthy or diseased meats; the confectioner who disposes of pure confectionery, or bon-bons colored or mixed with poisonous agents; the liquor dealer who supplies pure, manufactured, or drugged liquors; to say nothing of bawds who spread disease, desolation, and death around all who come within their haunts, often extending even to innocent families, occasioning misery and untold agony? Do not each one and all of these avocations have "to do with the health and lives of the people," and is there not a "great responsibility" also assumed by the parties pursuing them? As to the lives "lost for lack of the exercise of even reasonable skill," this is hardly worthy of notice; there is a greater amount of stress placed upon this statement than the facts warrant, and it has already been considered in my published address. It is but a few days since I was reading the confessions of some eminent old-school physicians stating certain erroneous treatment they had pursued and lost their patients; and while reading, the thought occurred to me that if the same thing had been done by an "irregular," he would have been hounded out of the country, if not brought to punishment under the law—as, indeed, should be done.

My feelings and interests in this matter are leading me to pen too long an article which I fear may tire the patience of your readers, as well as occupy too much space in the JOURNAL. Therefore I will hasten to a termination, though I would greatly like to respond to each of the four points set forth by said writer. The statement that "there is no right *per se* to practice medicine," is only partially true, even to an autocrat.

Every man has the constitutional right to become a baker, butcher, grocer, physician, etc., as he pleases. In either of these pursuits if he satisfies the people they will patronize him; if he fails to satisfy they will neglect him; they have at least enough sense to determine for themselves in these matters without legislative aid or protection. But when the butcher sells

diseased meats, the baker bad bread, the grocer poisonous groceries; when the thief steals, or the murderer destroys life, then, and not until then, the law steps in and punishes. And if "justice, like the victim, sleeps," the fault lies either in the law, or, in the want of integrity or efficiency of those who are required to execute it; but this is no reason why all the other innocent parties in the same business should be prejudged as rascals, theives, or murderers, and be unconstitutionally deprived of their rights, or have these interfered with by usurpating enactments. It is a wrong *principle*, and one against which we shall ever contend. In our late war, although the government knew of the conspiracy and doings of the parties therein engaged, and could have saved much bloodshed and desolation by seizing upon them at once, they could not constitutionally do so until the overt act was accomplished.

On this point, said writer confounds the pursuit of a business with its results. There is no constitutional law to force or to prevent a person from entering into any legitimate business whatever; but there are, or should be, laws to punish whenever the result of such business from any cause, ignorance, carelessness, wilfulness, etc., is personal or pecuniary injury. This result is the overt act, previous to which the party must be presumed innocent.

Any law that is unconstitutional, or that prevents or interferes with one entering upon any lawful business, is "tyrannical," notwithstanding the remarks of said writer. Any law that requires one to show where and how he cultivated his intellect, to publish his business intentions in advance, and to register—and more especially when such law has its origination with bitter and vindictive opponents who confess publicly that it affords them a convenient method for espionage, is "inquisitorial." *(See quotation from Philadelphia Medical News, in my published address, p. 11.)* And although "it doesn't hurt honest men to be watched," such peculiar kind of watching is an unwarranted reflection upon their integrity, and a shameful insult to their manhood, which no honorable and true man could desire, except said writer, who very singularly deems it "*not unfair, as it affects one person as much as another!*"

"It is the end of freedom" when personal right and mental freedom are interfered with, and particularly when this interference originates with one's opponents, for destructive purposes; it opens the road for other infringements from other antagonists. And when state boards of health become formed in every state, said writer will find that not only will every vestige of Eclecticism be wiped out by his *majority* (not a majority of the people), but that *he* will likewise be included in the programme, unless he turns over a new leaf and joins those whose conspiracy he is now so strongly yet so innocently, endeavoring to aid, and then, very probably, "the matter of true freedom will *(not)* be liable to be misunderstood." That "eclectics have been injured more by professed friends than open enemies," is true, most true, but never before this era in the matter of a state board of health.

But I must stop, although there is yet much chaff that I would wish to separate from the small amount of wheat in said writer's article; and notwithstanding I have not entered as fully into the points referred to by said writer as I could desire, still I trust to have stated sufficient to set true eclectics at work in organizing and adopting measures for self-protection.

IMPORTANT POINTS IN THE TREATMENT OF NERVOUS DISEASES.

BY ROBERT A. REID, M. D., BOSTON.

In no other department of medicine are we compelled to confront the world with such a humiliating confession of ignorance as we are forced to make when questioned as to the pathology and treatment of insanity, and certainly nervous affections which are closely allied to it. In every other branch of our venerable calling grand additions have been made to our means of alleviating human suffering. Physiology and pathology have joined hands, and with microscope, opthalmoscope, and other instruments of precision, have revealed mysterious forces and described morbid processes which have placed them in the front rank of advanced sciences. Chemistry and materia medica, with quiet and patient industry, have eliminated from nature about and beneath us numberless agencies to be employed for the relief

and comfort of mankind. Surgery alone and unrivalled has with matchless skill enriched her domain with priceless trophies of progress, such as the world has never before seen and can never cease to admire. In the field of psychiatry alone does the cold bald fact stand out, as a rebuke to our civilization, that in the presence of such discoveries and advances mental disease is permitted to hold the staff of pre-eminence in defying the means that have thus far been tried to discover its vulnerable points and render it amenable to treatment as other diseases are.

Beside those who are actually insane there is constantly about us a large element of sensitive, fearful, neurasthenic people—borderline cases—who are suspicious, watchful, unhappy, and keenly alive to all that concerns the causation and treatment of nervous affections. Such cases are in every community, and every physician, whose mind and heart are charged with the confidences of his patients, carries about with him an abiding apprehension that this or that patient is on the way to some form of mental alienation. What is to be done for them? Are such cases hopeless? By no means, much may be done for them! Employment is the great remedy to give vigor to body and mind. That this is true as to those who are actually insane has been proven over and over again, so that restraint and seclusion have in most asylums given place to non-restraint, amusements and pleasant surroundings generally, but it is none the less true of those unhappy mortals who are not insane, but fearful that they will become so. Just as digestion and other functions of the body are better performed when unobserved and unwatched, so mental processes are more likely to be performed without undue jar or friction, under the influence of an employment which engages the thoughts as well as the fingers.

In all chronic affections, of whatever nature, measures of an invigorating and restorative nature are indicated, while in phthisis and all wasting diseases, medicinal measures, though of importance, are altogether subordinate to dietetic and hygienic ones. It is now a well established fact that in the treatment of the various neuroses, especially those grouped under the modern term neurasthenia, prompt attention should be given to any error of the system which can be detected, e. g., uterine or digestive disturb-

ance, and every effort made to bring about as perfect a condition of health as possible, expecting thereby to impart vigor to the nervous system and lessen its mobility. That great good may often thus be accomplished I know full well. The evidence of this which I have seen is—to me—conclusive. Of a considerable number of illustrative cases which I might narrate, the following will serve as a representative:

G. S——, the son of one of the largest shoe manufacturers in New England, was an unusually bright and attractive boy, and although always regarded as rather frail, had a vast amount of energy, and accomplished a great deal of work. He was a great reader, an excellent historical scholar, and could, without reference to any chronological table, give you the genealogy of all the English kings and queens, but at about the age of fifteen he began to display marked signs of a lack of mental balance, doing and saying many things that were unusual. There was marked depression amounting almost to melancholy. Among other "queer" things which he did and which he said he could not refrain from, for he talked intelligently about it, he would never at once close a door on entering a room, but would open and shut it several times in succession before he seemed satisfied. He also invariably turned his chair around several times before seating himself at the table. Most of the physicians of note both of this and other cities, in connection with the treatment of nervous diseases, had seen him, but no one of them had outlined a treatment which gave any benefit. He had taken all of the usual nerve tonics and had been deluged with bromides, gelsemium and that class of agents. After this order of things had existed fully two years, he was admitted to the McLean Asylum and placed under the special care of the eminent neurologist who is connected with that excellent institution. A special attendant was detailed, and accompanied by him the boy after a time took long walks into the suburbs; regular habits of life as to sleeping, eating, attending to the function of the bowels, etc., were insisted upon; a generous diet was ordered and Hydroleine given three times a day in medium doses. After a few weeks marked improvement of his physical health began, and for several weeks before he left the institution he put on

flesh at the rate of five pounds per week. With the great gain in physical health there was a corresponding improvement in other respects, and the peculiar nervous symptoms gradually disappeared. At this writing he is and for a year or more has been to all appearances as sound physically and mentally as any young man with whom we are acquainted, taking an active part in conducting his father's large business. This very gratifying result was without doubt due in part to the regularity of habits enforced; to the generous diet given, but more than all to the large amount of fatty and nerve food contained in the Hydroleine administered, it being one of the most certain means of increasing nutrition. Frequent use has led me to highly esteem this preparation, which is not merely a simple emulsion of oleum morrhua, but a permanent and perfect emulsion of oil with pancreatin—the digestive principle of fatty foods—the result being a cream-like preparation which is not only readily miscible, but so delicate as to be retained by digestive organs so sensitive that the ordinary preparations would be rejected. For the accuracy of the facts as stated I am prepared to vouch, and from them I believe a lesson may be drawn which may be with great advantage applied to other similar cases.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

A regular meeting was held on the evening of October 14th. In the absence of both president and vice-president, the meeting was called to order by the secretary at 8.20 p. m. Dr. R. W. Geddes was elected president protem. The records of the June and September meetings were read, and approved as read. The matter of the gift of Dr. J. W. Towne to the society of his library was taken from the table, and upon motion of Dr. Spencer it was voted that the society accept the gift and that the books remain in the hands of Dr. J. Perrins until the society made further disposition of them.

Dr. H. G. Newton gave notice that at the next meeting he would offer an amendment to the constitution so as to provide for the election of a librarian in addition to the other officers.

Upon motion of Dr. Spencer it was unanimously voted that the secretary be instructed to express the thanks of the society to Dr. Towne for his generous donation. Drs. Spencer and Newton both made remarks expressive of their esteem for Dr. Towne and their sympathy for him in his failing condition.

Dr. Perrins asked that some one be appointed to assist him in making a catalogue of the books. The president appointed Drs. Miles and Green.

Dr. Spencer then presented to the society for their inspection the patient whose case he reported at the previous meeting. The doctor stated that the patient had improved much since he last saw him. He was examined with interest by the members present.

Dr. Spencer gave a little talk upon endometritis following child-birth, illustrating it by a case which had lately occured in his practice, which was substantially as follows: He was engaged to attend a young lady in her first confinement who had become pregnant shortly after marriage. He had known the family for a long time, and resolved that no trouble should occur if care on his part could prevent it. He accordingly looked after her closely during gestation. All functions were normally performed. A year before marriage she had an attack of acute cystitis, and for years she had suffered from cold hands and feet, but on the whole was a healthy girl. He was more than ordinarily careful during labor, which was of short duration and normal in every respect, the child and placenta being ejected by the unaided natural forces. Everything progressed very favorably, the lochia was normal, and the secretion of milk was established. Due attention was given to cleanliness, carbolized vaginal injections being used. On the fourth day, however, a severe chill occurred, and for a month the pulse was not less than 100, and often ran up to 150, while the temperature rose to 106. After the second chill he made a more careful examination, and found that the os had been torn to the extent of half an inch, but did not appear to be sensitive; severe pain was felt however in the hypogastaic region, which was partially allayed by free evacuations of the bowels; piles added their discomfort. Within the labia a small thrombus had formed and emptied itself, and was very sensitive. The uterus was swollen and sensitive to the touch; the remissions and exacerbations were of marked regularity. Whatever he said in connection with the case was misapplied, and what he did not say was ominous of dreadful results; one grain of quinine divided into three doses gave much trouble, while five grains given without the patient's knowledge were well borne. At the end of two weeks he had succeeded in

relieving the patient but little. The womb felt like a child's head, and the patient was very sensitive. He used a vaginal douche of warm water, commencing at a temperature of about 80° and increasing up to 115°. A hot poultice of flaxseed and lobelia was applied over the lower part of the abdomen, and aconite, quinine, gelsemium, mineral acids and pepsin (Bartlett's) were given for various symptoms and at different times. A consultation which was held resulted in the opinion of adhesion with pelvic abscess, but no suggestions of treatment of a different nature were made. Dr. Spencer proposed uterine irrigation; the consultant opposed this, but it was done. The womb was closed and very sensitive. Lobelia was used per rectum and pushed as far as practicable; gelsemium was also given internally. A small sponge tent was introduced, which dilated the cervix without much difficulty; a fountain syringe was filled with carbolized water and the pipe introduced without difficulty; during the latter part of it a little extract of opium and fluid hydrastis were used. That operation was repeated daily with good results, former treatment being continued to the end. The doctor was unable to determine what caused the difficulty. The greatest care had been taken that she did not suffer from contagion of any kind; the room was well ventilated and she was carefully protected from all draughts.

The case was discussed by several members present.

PITTS E. HOWES, M. D., Secretary.

THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE Eclectic Medical Society of the State of New York convened for its twenty-fourth annual session at the Empire House, Syracuse, N. Y., on Wednesday, Oct. 15, 1884, at 10 o'clock, A. M. President James N. Betts, M. D., of Pulaski, called the meeting to order. Prayer was offered by the Rev. Dr. Hoit E. Hunt, of New York City. The roll of membership was called, more than a quorum responding.

The following auxiliary societies were represented by delegates: Oswego County Society, Genesee Valley District Society, Black River District Society, Southern Tier Society, Susquehanna District Society, Broome County Society, Saratoga District Society, Central New York Society, West Side Medical Society, New York City Society, Albany County Society, Brooklyn Academy of Medicine, The Eclectic Medical College of the City of New York.

The Board of Censors, after an intermission, presented its report, recommending nominees for permanent membership, and

Dr. Samuel Tuthill, of Poughkeepsie, cast the ballot for their unanimous election.

Upon motion of Alexander Wilder, M. D., the President was authorized to designate fifteen members as delegates to the National Eclectic Medical Association for 1885 (It meets at Altoona, Penn.—Ed.), and also alternates to serve in case of failure of such delegates.

Verbal reports from each of the following societies were presented: New York City, West Side, Albany County, Oswego County, Black River District, Hudson River District, and Central New York. The reports indicated a prosperous condition of these auxiliaries.

At the Afternoon Session.

A. H. Lesser, M. D., presented an Essay on Gynecology, which was followed by a discussion of the subjects presented.

On motion the President appointed G. W. Boskowitz, T. L. Harris, and A. Wilder, a committee to draft suitable resolutions in respect to the memory of the permanent members who had died during the last year.

The Board of Censors subsequently reported favorably upon the formation of the Western New York Medical Society, and recommended that the sanction of the Society be given to the new organization. The report was adopted.

The Executive Committee, who were instructed to inquire into the constitutions and usages of the auxiliary societies, whether they conform to the conditions of membership of this society, reported through the Secretary that the by-laws of the majority had been received, and in every instance were found proper.

Dr. George Archbold, of Oswego, N. Y., read an Essay on "Butyric Fermentation and Putrefaction in the Stomach, the cause of Cardialgia and Chronic Dyspepsia." The principle remedy used was the Bisulphite of Magnesia.

The following was adopted:

Whereas, Since the last annual meeting of this Society, the hand of death has removed six of our worthy members, we take this opportunity to pay a due tribute of respect to their memory; wherefore,

Resolved, That we mourn the death of our late President Reuben H. Owen, M. D., and honor him as a most excellent and deserving man. A noble member of our profession and a veteran in the cause of reformed medicine.

Resolved, That in the decease of Doctor Dennis E. Smith, this society has lost one of the most effective workers, whose presence encouraged us in action, and whose labors have been

faithfully and successfully bestowed in promoting the advance of a liberal scientific medical practice.

Resolved, That we extend our sympathy to the family and friends of Dr. Charles F. Lownsbury, of Onondaga, in their loss; that he has left behind a fragrant memory as a citizen, physician, and neighbor as well as a soldier, in the service of his country; and his loss will long be remembered.

Resolved, That the death of Doctor George E. Hull, removes from our number a young man of promise, who gave every hope of an hororable and successful career, and that we declare our sincere and profound regrets at his untimely decease.

Resolved, That the death of Doctor Asa C. Stillman, of Troy, removes from our number a worthy and conscientious practitioner, whose life was characterized by fidelity and devotion to every personal and professional duty.

Resolved, That we deplore the death of Doctor A. Harrison, as making a vacancy in our ranks which will not soon be filled; and that sympathies are extended to his friends and associates at their loss.

Resolved, That we will cherish the memory of the deceased, that we will retain their many excellent qualities in mind, and as far as may be in our power, will emulate and commend their example.

The President appointed as a nomination committee: M. L. Finkins, of Albany County Society; F. D. Gridley, of Broome County Society; J. A. Rega, of Black River District; T. L. Harris, of the Central Society; J. C. Durgan, of the Genesee Valley Society; S. Tuthill, of the Hudson River District; E. M. Manwarren, of Oswego County Society; L. O. Goetchius, of Saratoga District; A. Wilder, of West Side Society, and A. M. Lesser, of the New York City Society.

A discuasion upon the subject of dyspepsia followed and Dr. Archbold was given a vote of thanks for his able and instructive essay.

The Society then listened to the Secretary's Report, of which the following is a part:

"It again becomes my duty as an officer of your Association to report in detail the transactions that have come within my province as your servant; to rehearse the events that have transpired during the year, that have affected the Society; and to outline any coming change of policy or practice that may be deemed worthy of your attention. Taking the past year as a whole, we are inclined to report it as a quiet one, and one in which little enthusiasm is called for and little exhibited. But we feel keenly that we are on the eve of stirring events, and it

becomes us, not only to guard our rights, principles, and treasures, but also to be well prepared against any effort to have them circumscribed or taken from us. These matters will be dwelt upon more at length as we proceed.

MEMBERSHIP.

The sum total of membership in this Society does not vary far from 200. A resolution of this body, passed at a previous meeting, which compels the Secretary to drop from the roll all members who are two years in arrears to our auxiliary societies, now comes into effect. Correspondence has been held during the year with ten or a dozen such delinquents, but in a majority of cases they have shown a disposition to pay up their dues in order to retain their proper standing in this Society. To some extent this correspondence is still unfinished. We hoped to complete it before this meeting, but it is difficult to learn of each individual case, except through the annual reports of the secretaries of local organizations, and these have not been received at the time of this writing. We should not be surprised if the names of others are presented as coming under the rule, but this matter will be definitely settled at no distant date. We are inclined to be lenient with delinquents on account of the fact that our transactions have not been printed for two or three years, and the resolution to which we refer seems to be a surprise to the parties affected by it. The personal attention of each individual is called to the resolution, and the secretary of the society is at the same time informed of the jeopardy, with the request to report at once when his dues are received.

NECROLOGY.

In death, our membership has suffered more than in any previous year during our service as your Secretary. Up to this hour we have received information of the demise of Abraham Harrison, George E. Hull, C. F. Lownsbury, Asa G. Stillman, Reuben H. Owen and Dennis E. Smith. It will be noticed that the three last mentioned are among the oldest members of the Society. From this the lesson can be learned that slowly but surely the control and government of this association is passing from its organizers and older members, to the younger men in the ranks; and it should be one of the first duties of our veterans to see that these are well grounded in the principles and policy of the Eclectic School of Practice. In politics we speak of the pivot state, and all the energies of the campaign are concentrated upon it. New York State is the pivot state of this country in Eclecticism. And, if it fails here, our doom as a distinctive school of practice is sealed.

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The transactions for this year are not printed. We are convinced that it is useless to contest the State printer longer. We must print, without further delay, bring our records up to date, and publish essays that have been so long lying in the vaults at Albany. With marerials for three books, we believe they can be condensed to make one fair sized volume. It will cost to print and bind, at least $2.50 a copy. We presume the Society will offer them as heretofore, at $1.75 each. Two hundred subscriptions will be required before the work can be undertaken. It will take three or four months to issue. We have been exceedingly reluctant to come to this conclusion. Our reports have been submitted, according to law, to the Legislature for several years; but, although the law demands the presentation of the reports, it does not make an appropriation for their printing. We have endeavored to compel their publication,, but it cannot be done without an appeal to the courts, and we have our doubts about being successful in such a contest. The Old School Society and Homœopathic Society both publish their own transactions annually. The Legislature, two years ago, in an effort to reduce expenses of printing, amended the law so that the printing of the minutes was considered the printing of the reports. In this way the printing of the reports of the agricultural societies, and in fact all other societies, was suppressed. In the effort to obtain subscriptions, we find an indifference or lethargy that is surprising. We cannot live without literature, and if we are to be known here and abroad, we must print our transactions with regularity, and at least, once a year. We are in hopes that the necessary number of subscriptions may be received at this meeting, so as to issue the essays and reports already in our hands and bring up our records to date. In another year we may be able to make provisions for the annual publication of our transactions upon a more stable basis, and this leads us to say a few words upon

ANNUAL DUES.

Several years ago the financial policy of this Society was changed, and its revenue is received now from a per capita tax upon the membership of each auxiliary. This revenue is barely sufficient to cover the running expenses of the Association. As we have had no extra expenditure, we have always had sufficient means to meet our liabilities. The other state organizations pay an annual membership fee of from three to five dollars, and their transactions are issued regularly. The National Eclectic Medical Association also charges a membership

fee of three dollars. (Increased to $5.00 at last convention—Ed.) In each instance, as far as we are informed, the fee includes a copy of the annual transactions. As we believe our literature to be necessary to our existence, and of vital importance in spreading our principles, not to speak of informing the people of our existence, we are compelled to suggest that this society, at this session, so amend its by-laws that at the next meeting we may have an annual membership fee of three or five dollars, the member to receive, upon the payment of the fee, a printed and bound copy of the Transactions.

We have on hand a large number of essays and reports of the proceedings of societies, in addition to those already presented to the Legislature. These can be included, in brief, in the next volume.

NEW AUXILIARY.

An organization has been formed in western New York, to be known as the Western New York Society, which at present, consists only of members of this society. They have assembled and adopted a constitution and by-laws which are presented to this society for their censorship. They ask also for the sanction of this society to their organization. The field covered is a large one, including five counties in the western part of the state, but as there are so many railroads centering in Buffalo, and as this is to be the headquarters of the organization, we feel certain that a large and flourishing society can be cultivated and managed in this section. It is worthy of note that the old school society in this district takes a very active part in the state legislation, and the views of the eclectics in the same field, with a few exceptions, are entirely unheard.

EXAMINING BOARD.

In the early part of this year, we were fnformed by interested parties that we had no Examining Board, although such a board was appointed by the Regents in 1875. It seems that some form of acceptance was necessary, and this was never sent. The secretary in reply to my letter, wrote the following:

"I have to say, that the original Board of Examiners referred to in your letter, was appointed in 1875. So far as I know, no person ever applied to be examined before this board. No notices of acceptance are on file so far as I know, and no organization was ever effected. Under such circumstances, I am of opinion taht the chancellor would not, without a reorganization of this board, a re-appointment and a proper investiture with office, refer applicants to it for examination.

As Drs. R. S. Newton and A. Boskowitz, members who were

appointed, had since died, the Board of Directors determined immediately upon filling the vacancies by recommending a new board that would meet the requirements, and that would qualify appointment. On this subject, the secretary sent the following:

"In answer to yours of April, 7th, the law specified that the board shall 'consist of not less than seven members.' [L. 1872, Ch. 746.] The Regents have made no rule in reference to it, but have named the minimum number. In selecting the members, care is used to name persons fitted by attainments to examine in all the branches; but in making the appointments, no designation of departments is made. The examiners settle among themselves on which subjects they will prepare questions. Histology might very properly be included in the same department with physiology."

The Board of Directors recommended Drs. R. A. Gunn, D. E. Smith, R. E. Kunze, Orin Davis, T. L. Harris, J. E. Danelson, and M. M. Fenner. No action was taken until the meeting of the Board of Regents in July last, when in due time, your secretary was informed of their action by letter, of which the following is a copy:

"DEAR SIR:—I am directed by the Board of Regents to inform you that after a discussion of the operation of the law for the holding of medical examinations and the determination to seek a modification or repeal of the law, the following resolution was adopted:

"'*Resolved*, That in view of the probable modification or repeal of the law authoriztng the appointment of Boards of Examiners and the issue of diplomas by the Board of Regents, it is not expedient at this time to appoint any additional Examining Board.' Very respectfully,

DAVID MURRAY, *Secretary*."

It is needless to comment upon the above. To defer action on the plea of probable and prospective legislation is contemptous, overbearing, and unjust.

It is this legislation that, during the coming session of the Legislature, will call for all the zeal and effort at our command. While as a society we are opposed to the enactment of any further laws touching the practice of medicine, still, under the guise of a higher standard of education and efforts to effect such an object, other subjects are dragged in, that, if allowed to pass unnoticed, will cripple us as practitioners and practically destroy Eclecticism in this state. The bill presented last year was intended to nullify all previous legislation, and by repealing section after section so stated. The fact that college interests were assailed, divided the old school upon the law, and, with the help of a few of our active members, the legislation was defeated;

but it will arise the coming winter, and we must meet it more zealously than heretofore. While your secretary does not propose to express his opinion upon the particular points, yet he is of the opinion that, if we can agree upon the issue, we should insist upon equal representation. In all the laws that have been passed heretofore we have secured as much; and many of them that were meant to cripple us have become dead letters, simply from the fact that we were clothed with equal powers with our rivals. Our watch-word should be, "No Legislation;" but if compelled to yield this point, we should take up another, "Equal representation," and never surrender.

In conclusion, we would suggest that the next meeting of the society be held in New York city, and that the evening of the first day be given to public addresses in some of the larger halls of the city; that the meeting be advertised, tickets distributed, and that we have three or four of the best speakers that we can command, in the professional ranks or outside of it, as may be decided upon. Such a programme would have the effect of informing people that we still live, that we have principles and cherish them, and deserving success, we will command it.

The report was adopted. The cash transactions were referred to a committee consisting of S. Tuthill and H. A. Bolles. The subject of books to a committee of three: A. Wilder, T. L. Harris and J. Edwin Danelson.

The President appointed the following committee on Legislation: M. L. Filkins, G. W. Boskowitz, Ray V. Pierce, G. A. Thayer, M. M. Fenner and A. Wilder.

EVENING SESSION.

The annual address was delivered by the President, Dr. J. N. Betts, of Pulaski, on the subject of Medical Legislation.

A vote of thanks was tendered to the President.

Dr. H. E. Hunt followed in an essay upon the subject of the necessity for a revival among the Advocates of reformed medicine.

Dr. Wilder addressed the society on the status of Eclecticism in the different states of the Union, and the necessity of keeping a close watch upon state legislation touching the practice of medicine.

Dr. G. W. Boskowitz reported to the society concerning the Eclectic Medical College of the City of New York.

Adjourned to 9 o'clock, A. M.

SECOND DAY—CLOSING SESSION.

The meeting was called to order, the President in the chair. The Treasurer's report was submitted, and showed the receipts

for the year to have been $337.57, and the annual expenditure $234.86, leaving a balance of $192.71.

The report was referred to the Finance Committee, which later reported that they had examined the accounts of the secretary and treasurer, found them correct, and recommended their approval. The report was adopted.

The Nominating Committee presented their report, and the following were elected officers for the coming year: President, Henry A. Bolles, of Cortland; Vice-President, Frank D. Gridley of Whitney's Point; Recording Secretary and Librarian, J. Edwin Danelson, of Buffalo; Corresponding Secretary, E. M. Manwarren, of New Haven; Treasurer, William Jones, of Newburg. Board of Censors: A. Wilder, First District; A. R. Tiel, Second District; S. Tuthill, Third District; L. O. Goetchius, Fourth District; J. A. Rega, Fifth District; T. L. Harris, Sixth District; J. C. Durgan, Seventh District; O. Davis, Eighth District; A. M. Lesser, Eclectic Medical College of New York.

The Committee had recommended Saratoga as the place for the next meeting, but the society selected New York City as the place, and the second Wednesday and Thursday of September, 1885 as the time.

On motion it was resolved to include Dr. John King's address on special medical legislation in the next volume of Transactions.

The Committee on Transactions suggested that the names of auxiliary societies be called, and subscriptions received for the next volume. Subscriptions for 160 copies were received.

The following amendment to the by-laws was presented:

Resolved, That Article IX. be amended to read as follows:

"DUES.—At each annual meeting of the society, each permanent member shall pay to the secretary three dollars as annual dues. Each member, upon payment of the annual dues, or as soon thereafter as published, shall receive a copy of the Transactions of the society. Any member failing to pay the dues for two years shall be notified of his delinquency, and if the amount due is not paid within three months, his name shall be dropped from the roll of membership. New members shall be exempt from the payment of dues for the first year. Auxiliary societies with a membership of fifteen or less shall pay the sum of five dollars as annual dues; when the membership exceeds fifteen, the amount of annual dues shall be ten dollars."

Remarks followed by H. E. Hunt, T. D. Harris, and C. H. Yelvington.

The amendments presented at the last meeting were then considered. The amendment to Article I. was laid upon the table; the amendment to Article IV. was lost.

The following was presented by A. Wilder, and on motion adopted:

Resolved, That as Eclectics we approve unqualifiedly of the preamble of the National Eclectic Medical Association, and propose to abide by it, as the only tenable ground on which an Eclectic physician can stand.

Resolved, That as no medical statute has been enacted in any State of this Union at the desire of the people, but only for the benefit of a class seeking privileges at public expense, the Eclectic Medical Society of New York ask the Legislature to enact no medical bill whatever which is not desired by the people.

Resolved, That the Eclectic Medical Society of the State of New York ask for such legislation only as shall assure perfect freedom in medical practice, as in other callings, and shall not contravene the constitutional rights of citizens.

Resolved, That the Medical Statute of 1880 is an encroachment upon the rights of physicians, and the rights of medical colleges, and a violation of the comity existing between the States of this Union, and we respectfully ask for its repeal.

Resolved, That we have no confidence in the wholesomeness of medical boards for the supervision of practice and irregular practitioners, even with the complimentary addition of an eclectic or homœopathic physician.

A copy of resolutions, passed by the West Side Medical Society of New York City, of similar import and substance, was read.

The President appointed as an Advisory Committee, T. L. Harris, F. D. Gridley, and S. Tuthill.

A vote of thanks was passed in favor of retiring officers.

A vote of thanks was tendered Parke, Davis & Co., for their fine exhibit of medicine, and to N. I. Talbot & Co., for the use of the hall. Adjourned.

J. E. Danelson, *Secretary*.

GLEANINGS FROM ECLECTICISM.

Conducted by C. E. Miles, M. D.

COCCYODYNIA.

Pain in and about the coccyx is indicative of anal trouble—of hemorrhoids or of anal fissure—yet the discomfort or distress may arise from neuralgia of the region, and very properly be denominated coccyodynia. The causes enumerated as provocative of coccygeal pain are fracture of the horns of the coccyx and displacement inwards. The tip of the bone may be separated

from the upper and main portion; and there may be dislocation at the sacro-coccygeal articulation. The coccyx gives insertion and attachment to muscles and ligaments, hence a forcible disjunction of these soft parts would be attended with pain which might turn out to be lasting. In the event of fracture of the coccyx there is liability to necrosis of the lower fragment, and a train of disorders of a dangerous character. In fortunate cases, when osseous union of the fragments occurs, a morbid sensitiveness of parts involved in the injury will continue for years.

A woman who has endured perineal laceration is occasionally a victim to coccyodynia, a supersensitiveness of the lower extremity of the spinal column remaining through life, though the rent have been surgically closed. The nerves of the region are presumed to be entangled in the cicatricial structure.

A blow upon the coccyx or a fall which imparts a shock to the region may be followed by pain and tenderness in tissues impressed. Often such injuries cease to be painful in a few days, yet in rare instances the wearing distress is prolonged and unaccountable.

The use of obstetrical forceps has been sequenched by coccygeal anguish to a degree leading to a suspicion that the implements had imparted a serious injury to the perineal structures. It is possible that the passage of the child's head in the last stage of labor may do damage to the coccyx and connecting tissues, as the greater and lesser sacro-sciatic ligaments, and the ischio-coccygeal muscles, to say nothing of the levatores ani and other muscular complexities in the locality. A condition of over-tension in the last throes of parturition tests the integrity of the perineal structures. The robust may not incur the risks of prolonged suffering, but the delicate and attenuate are less fortunate. It is said that women who do not bear children till the age of thirty-five or forty are liable to have the horns or body of the coccyx broken in the first parturient act, but the danger is likely to be overrated. The labor might be somewhat slower, but not more perilous. Too much importance is attached to sacro-coccygeal anchylosis, and other infirmities of the closing years of parturient life.

Girls while skating sometimes fall heavily upon the ischial bones, even hitting the coccyx. The shock is forgotten in the excitement of the recreation, yet a neuralgic state may succeed which becomes chronic coccyodynia,—a real coccygeal pain and not a simulated one, as occasionally is suspected in hysterical subjects. In real coccyodynia the patient suffers in efforts to rise from a chair and in the act of taking a seat. A person who has irritability of the coccyx and adjacent structures is more

comfortable in standing and walking than while seated or in bed. The jolting of a carriage is distressing, and the sharp thumps of a street railway car are torture. Having suffered the pangs, and throbbing pains, and paroxysmal twinges of a broken coccyx, I have a realizing sense of the anguish and annoyance of coccyodynia. Subsequent neuralgias have been faithful reminders of the seriousness of the injury.

Not the rarest trouble in the world is the disorder of a hair follicle in that integument covering the coccyx. I have twice incised small sacs or sinuses that contained wads of hair which were sources of irritation, and which occasionally provoked suppuration. The capillary wads were the accumulations of years, a hair follicle becoming so perverted that the product turned inward, and coiled and twisted into masses as large as a pea.

A neurosis denominated lumbago may become transferred to the nerves about the coccyx, and create distress or discomfort there. It is not uncommon for metastasis to occur in certain neuroses, especially when energetic treatment is directed to a suffering locality. This remote manifestation is usually called reflex.

It is well to inquire of a patient afflicted with pains in the lumbar, sciatic and coccygeal regions, whether an eczema or other cutaneous disorder has ever been present. The recession of an eczematous complaint has been known to be followed by viceral disturbances and occult neuroses.

The treatment of coccyodnia should depend largely upon the conjectured or ascertained cause. If fissure of the anus be the provocative the morbid state should be overcome by excision or other instrumentality. Should an urethral caruncle be the indirect source of coccygeal annoyance, that pathological state is to be overcome by ablation or forced atrophy through the agency of salicylic or boracic acid. Irritability of the bladder and uterine displacements, acting as reflex excitants, are to be remedied by agencies especially adapted to the morbid condition. Hemorrhoids attended with coccygeal uneasiness are to be anointed with a stramonium unguent. As an aid in the cure of piles sulphur is to be given in doses to soften the feces. Constipation aggravates the pain, and so does a too loose state of the bowels. And it is to be borne in mind that stricture of the rectum about five inches from the anus, is usually attended with coccygeal and sciatic pains. Such remote distresses may be denominated *reflex*.

Pseudarthrosis following fracture of the coccyx is a serious complication, and may have to be remedied by excision of the lower and loose fragment. The removal is to be through an

incision made in the median line on the posterior aspect of the bone. Muscular and ligamentous detachments are to be made with care. The wound is to be dressed often, and kept cleanly; and the patient is to remain quiet in bed. After the traumatism has healed a moderate amount of exercise may be taken. The patient may be assured that the operative procedure will result in a permanent cure.

Coccyodynia attendant upon laceration of the perineum, or succeeding perinorrhaphy, is to be treated with the local use of anodynes. The fluid extract of Veratrum is to be mixed with vaseline—a drachm of the former to an ounce of the latter,—and applied to painful points every four or six hours. If a certain spot in the cicatrix be exquisitely sensitive it may be treated to one or more incisions. Sometimes the division of cicatricial tissue will cure the pain. At any rate, relief so often attends the operative procedure that a trial is legitimate.

An hysterical case of coccyodynia is to be treated with asafœtida, macrotys, and bromides; and the patient's mind should diverted by change of scenes. Melancholia is generally associated with lumbago and paroxysmal pain in the coccyx, hence diversion is likely to benefit the despondent and complaining.

The application of a hot brick to the perineum will always relieve coccygeal pains. Heat and anodynes are the local agencies in a curative course; and they produce so great a degree of comfort that opiates internally or hypodermically are not required.

If the recession of an eczemateous eruption be suspected the use of iodide of potassium in large doses is commended. The employment of arsenic in small doses is to be encouraged in anæmic states.

The rectum is to be explored for tumors and the lodgment of foreign bodies; and in fact every pelvic viscus is to be scrutinized with a view of getting at the real source of coccygeal distress.

There is danger that females suffering with pain in the region of the coccyx will fall into the habit of taking opiates or other harmful anodynes, to obtain at least temporary relief, and thus become incurables.

To escape the risk I advise the use of salicylate of soda,—a remedy for neuralgia which entails no evil effects. The agent may be given in from five to ten grain doses, and be repeated every three or four hours. The salt may be dissolved in water, elixir or syrup. The medicine is now put up as "proprietary," and sold under various names as "cures" for rheumatism, neuralgia, lumbago sciatica, etc.—Dr. A. J. Howe, in *Eclectic Medical Journal.*

TRAUMATIC INSANITY.

Dr. Geo. E. Potter writes an interesting article illustrated with well executed plates to the *Keystone Medical Journal*, of which the following is a part:

How common now-a-days it is to see, hear or read of accidents in which persons are said to have received severe cuts, lacerations, concussions, and fractures of the skull, and a quantity of brain substance spattered around. Heads laid open, brains exposed, and more or less of the pulpy mass oozing from the gaping wounds; and yet so little, or nothing said about the lasting effects left upon the individual.

The current reports in the daily papers, and too often in our medical journals, read somewhat after this manner: We are pleased to note that Mr. So and So, who it will be remembered about ten weeks ago was so severely injured, having been thrown from his carriage, and receiving a fracture of the skull and lost a quantity of brain substance, is all right again; his mind is not in the least impaired, and he has regained his former vigor of intellect and usefulness. How absurd! Why, this is contrary to all known laws, for there is a penalty attached to the violation of all physical or moral laws.

The mind is invariably effected where disease or injury of the brain exists. Pressure upon any part of the cerebral mass, from any cause whatever, is attended with a proportionate degree of mental derangement. Cases are upon record, where by accident, portions of the brain have been exposed, and consciousness could be suspended at pleasure by merely pressing upon the exposed surface with the finger.

To illustrate the manner in which cases are reported the following will serve us: "Fischee reports, in the *Deutsche Zeitschrift fur Chirurgie* (Bd XVIII.), an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod without fatal result. The ramrod was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upward in the deeper tissue of the right side of the neck, through the back of the skull and brain, and projected to the extent of thirty centimeters out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull, by the stroke of a hammer, and taken out at the neck. The patient recovered, *except that he remained blind in the right eye.*"

Another case, quite similar to the foregoing, is reported by Bigelow, in the *American Journal of the Medical Sciences* for July, 1850, "in which a pointed crowbar was driven through a

man's head by the premature explosion of a blast. The bar entered the left side of the face, near the angle of the jaw, and passed obliquely upwards inside the zygomatic arch and through the frontal bone in the median line, in front of the union of the coronal and saggital sutures. This patient became delirious and comatose, but recovered, *although with loss of vision in the eye of the injured side, and lived for twelve years.*"

In these cases the men are said to have recovered with but the loss of an eye, while nothing is said about any subsequent abnormal mental condition, which in all probability existed.

Dr. Proctor Thayer, Professor in Surgery in Cleveland, Ohio, Medical College, reported an interesting case in the *Toledo Medical and Surgical Journal* for September, 1877:

A man while plowing in Indiana, his team became unmanageable and ran away; in his efforts to stop them, he was dragged some distance and thrown violently against a fence, his head striking one of the rails; he was taken up insensible, and after recovery from concussion was found to be suffering from mania characterized at times by exhibitions of the most dreadful violence. He had at various times been placed in insane asylums, and dismissed as incurable; but finally was placed in the asylum at Newbury, near Cleveland, Ohio.

The wife desired the patient trephined; thoroughly incredulous the doctor visited the patient, and found him a raving maniac, whose violence had made him a terror. He was in an iron cell constructed for his use; no one venturing into his apartment save under the greatest urgency and extreme care; he would not allow a single thing to remain in his room, breaking into splinters, and tearing into shreds, furniture, bedding, and clothes; he raved continually, and desired to destroy imaginary enemies, save when he snatched brief intervals of rest upon the naked floor; wild and depraved he glared through the grating at the doctor who did not venture nearer even to make his examination; his head being entirely bald, it was easy to see that no depression existed for the proposed operation. It was decided to operate on the following morning. The sheriff opened the door, seizing the maniac and throwing him upon the floor, when by the assistance of the surgeon, he was tied and chloroform administered; not the least guidance could be obtained by the contour of the skull, but the trephine was applied at the prominence of the frontal bone, that being the point at which he occasionally put his hand as if he suffered there. This point also coincided with the seat of the injury as described by the wife.

The operation being completed, he was untied; the effect of the anæsthetic passing off, he still lay quietly, and as he opened

his eyes they were observed to have lost their wild expression; direction being given to apply cold water to his head, and place a cot in the cell with attendants to control him if necessary, he remarked quietly; "I shall not harm them." The patient remained continually rational, and had asked for his wife and baby; he expressed the greatest astonishment at finding out where he was; and to the inquiry as to what he knew about it, that it seemed to him, "that he had just awoke, and that yesterday he was plowing, that then his horse and colt got to cutting up and ran away," and that was all he knew in regard to it. When asked if he would like to see his wife and child, he exclaimed, "Oh! she cannot, she has just had a baby." The wife and child, the latter (now a young lady of sixteen summers) had been waiting in an adjacent room, and were now introduced to him. In utter amazement he inquired, "My God! what can this mean? It seems to me that I have been asleep, and that I was plowing yesterday." His recovery was complete, the whole sixteen years remaining a complete blank, and the knowledge of it is held to him a mystery. His mental derangement never returned, and he subsequently resumed his former avocation, that of farming, and died of pneumonia, about seven years afterward.

In this case we have had no loss of brain substance, but a simple compression, which dethroned reason, and allowed the other faculties of the brain full sway, and uncontrolled by intellectuality.

Wm. McCreary, by occupation a "carder and fuller," and in winter, school teacher, was a man of average size, fine physique, and of more than ordinary mental powers. No insanity traceable in his family on either paternal or maternal side. In 1856, when forty-two years of age, he was thrown from his horse and kicked by the animal in the head, sustaining what was supposed to be a slight fracture of the skull about midway between the superior portion of the temporal ridge and the termination of the coronal suture, on the right side of the head; or in other words, at a point just above and a little back of the right temple. The skull was not trephined, nor was such an examination made by the attending surgeon as to determine the full extent of the injury. The man made what might be termed a prompt recovery, except the mental unsoundness which resulted as a sequence to the traumatism, and which remained until his death. During the twenty-three years of his life from the date of the injury, his mind was less, or more erratic, with occasional emotional and poetical manifestations; although previous to the injury he was never known to have written a stanza of verse, yet this became a

mania with him, and while most of his effusions were light and trashy, or parodies on other poems, he was the reputed author of one or two of considerable merit, which gave evidence of mental powers. Before the accident he was quiet and reserved, but ever afterward he had a great disposition to talk; his conversation was generally rambling and disconnected; his mental abberrations were often marked by paroxysms of brilliancy usually preceded by periods of great forgetfulness. He was known to drive eight miles to campmeeting, forget his horse and buggy and walk home. He became the companion of children, and would associate and converse with them as with men, and at their request sometimes deliver an address to a crowd of assembled urchins on the road side or street corners.

Another feature of his insanity was the increased activity of his mathematical powers; as he could solve any arithmetical problem given him; with all this he maintained his wonted business integrity, and was considered by his neighbors strictly reliable and trustworthy, although somewhat reckless with his own affairs, and seeming to attach but little value to worldly goods, he retained his former very high sense of honor and carefulness in fulfilling every promise.

Mr. E. J., a well to do farmer of this state, about thirty years of age, during May, 1884, fell from his horse and sustained a concussion of the brain, from which he recovered in about twelve hours, and in two weeks seemed quite well except some mental unsoundness which still remains. The attending surgeon found no cranial fracture, or external injury to the head.

The prominent manifestation of unsoundness is forgetfulness, dispondency, and occasionable disposition to violence, this last however seems to be passing off, but in its stead a disposition toward jealously is manifesting itself.

Mr.——, a German, during the year 1877, was employed as a coal miner in the coal region of West Phalia, near the great Krupp Iron Works, Germany. While employed at "bearing in," a largeness of coal gave way and crushed the unfortunate victim under its massive weight, inflicting severe wounds and crushing his forehead in. He was taken to a hospital, remained insensible for three weeks, and was under treatment for three months; after which he was discharged as cured. He is a married man and has a family in Germany; he came to this country a few years ago, and while in our city was employed as a laborer in a large tannery.

The depression is most marked upon the right side of the median line, and as a whole it will admit the rounded surface of half an ordinary sized pear.

This case presents quite a striking contrast with the one reported by Dr. Proctor, in which case, no perceptible depression existed, and yet the individual became and remained a raving maniac for a period of sixteen years, while this German's head is remarkably depressed and disfigured, and yet his mental abberration is not so apparent.

In disposition the German in question is a good sort of a fellow, pleasant, jovial, and a hard working man; very obedient to his employers, and when ordered to do anything he becomes restless and excited from a desire to do it immediately; often running to do their bidding. He exercises no discretion or reason in whatever he does; it is executed through impulse. He is something like a piece of machinery, just so soon as steam is applied the machinery moves without any knowledge of cause and effect.

He cannot argue or reason upon any topic; being asked why he did not learn to talk English, in reply he placed his fingers in the depression upon his forehead, and said in broken language, "*me can net.*" He often spoke of his forehead hurting him, and said it made him forgetful. He claimed that he could read and write before the accident, but since he has forgotten it all, except that he can write his name "(in an unintelligible manner)."

He takes no delight in ordinary conversation, but is restless and unsettled while others are talking. Upon one occasion he was ordered to clean away a quantity of ashes from under some boilers; everything about the furnace and boilers was hot, and instead of him using a little discretion or common sense, and proceed slowly and cautiously, he opened the door to the ash pit, and made a plunge into the hot chamber, but came out in double quick time, almost suffocated from the heat, gas and dirt.

A near relative of mine, some seventeen years ago, while passing through a dark corner in our rolling mills, was pounced upon by a coward, who felled his innocent victim to the ground by the strokes of a club, inflicting a wound two inches in length, and fracturing the external plate of the skull, (so diagnosed by a leading physician of our city), at a point corresponding with the union of the frontal and parietal bones, about an inch to the right of the sagital suture. He subsequently complained of a cold spot, and a peculiar dull feeling at the seat of injury. It caused him to be forgetful and absent minded. "It feels to me as though there was a chunk of lead in my head where that fellow struck me," is about the way he expresses himself when mention is made of the injury. He died rather suddenly a year and a half afterwards, from a convulsive seizure, and I am led to believe that the convulsive action was primarily due to the effects of the traumatism; as he was a young man, gifted with talent, and was

free from all habits of dissipation; being intimately acquainted with his personal history, I am quite satisfied that there were no other causes, either centric or eccentric, than the accident as related.

"WHY TINCTURES?"

In the essay published in the September issue of the Advocate, transferred from the *Indiana Pharmacist*, headed "*Why Tinctures?*" the writer says, "If there exists any valid reason why the species of medicinal preparations classed as tinctures should be retained in the pharmacopœia, it would be well to let it be known." He then goes on to give, as he thinks, reasons why they should not be retained. His first is, "that the dose of some is unpleasantly large, and sometimes nauseous, and in any and every case could well be replaced by fluid extracts." And he further says: "Again, the tinctures are mostly alcohol, either pure or dilute, and the administration for any length of time of any of them is liable to create an alcoholic habit that the patient is unable to resist." Now, the writer does not certainly understand the mode of making fluid extracts, or he would not say that they are to be preferred to tinctures on either of the above reasons. It is well known that water will neither extract, nor hold well in solution, resins, oils, or oleo-resins, or resinoids; and it is well known that many of our best medicines contain one or more of these constituents; consequently they require alcohol or ether to extract them, and to hold them in proper solution.

As Prof. Albert Merrill says in his *Digest of Materia Medica and Pharmacy*, "Alcohol is an almost universal solvent of medicinal principles of plants, in their natural combinations, unchanged by chemical action." And he further states the fact, "alcohol does not dissolve any of the most common non-medical principles except chlorophyle." He further correctly states that "alcoholic solutions, therefore, represent in an eminent degree the medicinal virtues of a drug separated from the non-medicinal principles." "Water dissolves only a part of the medicinal principles, and dissolves all the inert principles." "As these inert principles include the peculiar nitrogenous substances, the presence of which promotes retrograde changes of solution, it is evident that water is only suitable for those that are to be used immediately. Hence the imperfection of decoctions, infusions, etc."

These facts show that the normal tinctures, as made now, under various names, are the most scientific and reliable preparations used. And these preparations, being stable and of uniform strength, are always to be preferred by physicians. Prof. Albert Merrill, in his work above referred to, directs equal parts (by

weight and measure) of the drugs and the solvent to be macerated for ten days in a covered vessel, then properly percolated. This may furnish a good tincture (much stronger than many so-called fluid extracts) of a great many drugs; but I make them by simply covering the well-crushed drug in alcohol, then getting a tincture very strong and reliable.

The writer, in the article referred to in the *Indiana Pharm.*, makes another great mistake, when he states that fluid extracts are cheaper than tinctures. Some of them may cost less per pint, but when the dose is compared with that of normal tinctures, it will be seen that the tinctures are the cheaper of the two, besides a hundred times more reliable and uniform in strength. No man can succeed in practice who uses the fluid extracts as found in the market. While one pharmacist may make some articles, by first extracting the medicinal principles with alcohol, then driving out a certain per cent of alcohol, either in vacuo or by heat—(and if the latter, the oil or resin is injured or ruined), and make a muddy, nasty-looking fluid extract, almost worthless, or by chance, with a small per cent of resinoid or resin from the plant, root, or bark; this small per cent of medicinal constituents will fall to the bottom of the vessel, and the physician, if not careful to shake well when he goes to administer it, will give too little at first, then towards the last too much, and perhaps poison his patient. The normal or saturated tinctures are the most reliable flluid preparations that can be made. There are some solid extracts, in the form of alkaloids, resins, etc., which are very reliable, but very costly; as Quinine, Morphine, Hydrastine, Hyoscyamine, and some others.

I have practiced medicine for over forty years, and have tried the fluid and solid extracts, and have also tried the normal or saturated tinctures, and I am prepared to say that the normal or saturated tinctures are the most reliable form of medicines, except the isolated resins, oleo-resins, and alkaloids.—Dr. I. J. M. Goss in *Eclectic Med. Advocate.*

SELECTIONS.

PALLIATIVE MEASURES IN RUPTURED EXTRA-UTERINE PREGNANCY.

Another woman has passed from health to the grave in a few hours; another home has been made desolate; and another victim to delay and palliative hypodermatics of morphia and brandy-and-water in drachm doses has been added to the list, already too long, of cases that have been lost for want of surgical treatment.

A case has been recently reported, in a Western medical journal, in which the symptoms of rupture of an extra-uterine fœtal sac were complete, and the diagnosis of extra-uterine pregnancy was concurred in by three practitioners, and the following treatment adopted: "Sulphate of morphia in one-sixth-grain doses, hypodermatically, to control the pain, and brandy, both by the mouth and under the skin, as a stimulant. A sinapism over the stomach and bowels assisted in giving some measure of relief." The patient died in sixteen hours and a half. Nothing is said of an attempt to control the hemorrhage, which every one must have known was draining away the woman's life. Nothing is said of a desire to open the abdominal cavity to stop the hemorrhage and remove the foreign body. Is the recorded experience and the teaching of the surgical leaders of the day to go for nothing? Are there any who think that a patient in this situation dies of ought else save hemorrhage, and controllable hemorrhage? If the hemorrhage be not controllable, why do the patients live for sixteen and twenty or thirty hours after the rupture? Are there those in the profession who do not know that the mere exposure of the abdominal cavity to the air will often check a hemorrhage which would otherwise prove fatal in the closed cavity? Surely in these days of great and brilliant triumphs in abdominal surgery, when patients recover after intestinal wounds and resections, when the most desperate "forlorn hopes" recover, one should not hesitate to open the abdomen in a case of this kind, when two or three ligatures and some clean water are all that are required.

There is no palliative measure for a rupturcd extra-uterine cyst; there is no expectant treatment; and there is no other way known to medicine by which a woman in this condition can be reasonably expected to survive save by the prompt use of the knife—and there is no reason for thinking that she would die if this be resorted to in time. And until she is practically dead it is never too late to try and save her.—*Medical Reeord.*

HORSFORD'S ACID PHOSPHATE vs. DILUTE PHOSPHORIC ACID.

October 1st, 1881, I began a series of comparative studies of the effects of the Acid Phosphate, (of Horsford) and the Acid Phophoric of the U. S. P., which has been continued up to April 1st, 1882, a period of six months. These studies were made on nineteen selected cases of inebriates and opium cases; patients who resembled each other very closely in natural vigor, degree of degeneration and disease. The plan pursued was to begin

the use of the Acid (Horsford's) about two weeks after admission, when all the active symptoms had subsided, and continue its use for six weeks, then after an interval of one week try the U. S. P. Acid for an equal length of time. In meantime noting the pulse, weight and general condition of the patient, every day. Reversing the order in other cases, that is—U. S. P. Acid first, then Horsford's Acid last. The difference in every case, after excluding all possible complications, was very prominent; consisting of increased nerve force, improved heart action, lessened nutrient perversions, and a somewhat remarkable change in the *delusions* and *insomnia* present in *many cases*. The memory and all the *mental* operations were visibly strengthened—in one case the patient could not write to his wife, or concentrate his mind on any topic, unless he used a small dose of Horsford's Acid; the other acid would not answer, and although he did not know the difference, it had not the same effect. My studies are not yet complete, because they do not cover a large enough field, or cases that are treated long enough. But I can say at this time, that I think the following facts are already indicated from this limited study:

First.—Horsford's Acid Phosphate is a remedy of great value in Inebriety and Opium taking, particularly in building up functional energy and brain force.

Second.—It exceeds the U. S. P. Acid in every case where this may be indicated.

Third.—As a nutritive medicine, so far it seems unequalled in its power of restoring the building up forces of the body.

I have gathered some data from which further study I hope to reach some conclusions, which may be stated with great confidence.—T. D. Crothers, M. D., *Physician and Supt. of Asylum at Walnut Lodge, Hartford, Conn., for the treatment of Inebriates and Opium cases.*

REMEDY FOR EARACHE.

We can recommend, from our personal experience, says the *Therapeutic Gazette*, an effectual means of administering *chloroform* in this complaint, and one which is absolutely devoid of danger. This is too loosely fill the bowl of a common clay pipe with cotton batting, upon which pour as much *chloroform* as it will retain without dripping. This done, insert the end of the stem carefully into the ear, and placing the opening of the bowl in the mouth blow gently the vapor of *chloroform* against the tympanum. We have found this to be an exceedingly effectual relief for earache of children, uncomplicated, of course, with inflammatory disturbances.—*Medical Times.*

How to Administer Nauseous Medicines in an Acceptable Manner.

During the past couple of years we have received so many unsolicited testimonials to the efficiency of

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as a vehicle for the administration of drugs which are offensive to the palate, that we were induced to test the range of its applicability to this end. The result of our experiments has strongly corroborated the reports, and justifies us, in asking for this preparation, a trial in the prescriptions of nauseous medicines with ***special reference to quinine.***

It requires no argument to convince physicians of the desirability of palatability in mixtures, but the important matter has been neglected, to the detriment of regular medicine in the regard of the public, chiefly because of the existence on the market of no agreeable and reliable excipient which could be ordered on prescriptions, and thus obviate the danger of change in the medicinal nature of the compound which exists when the druggist is given a carte blanche order to make the mixture agreeable. When the peculiar tonic laxative properties of Cascara Cordial are considered, its value as an excipient in a large number of cases, will be all the more apparent.

We respectfully request physicians to test the value of Cascara Cordial in the direction indicated.

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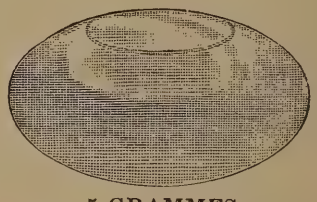
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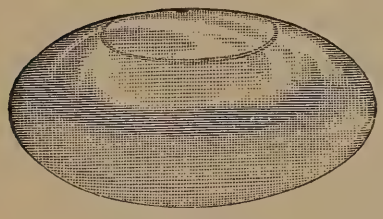
Few preparations illustrate more strikingly than these, the value of the service which pharmacy is rendering the practitioner of medicine. While we manufacture these SOLUBLE ELASTIC FILLED CAPSULES of all sizes, ranging from ten minims to half an ounce, it is more particularly to the larger sizes that we would now ask attention. The small sizes have been before the profession for a considerable time, and are, therefore, familiar. Comparatively few practitioners, we believe, realize the great advantages which would accrue, both in the increased satisfaction to the prescriber, and the comfort and well-being of the patient, through the general employment of these capsules in the administration of the more bulky and nauseous oily drugs, *e. g.* Castor Oil and Cod Liver Oil.



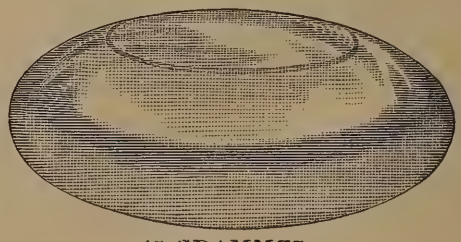
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PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA.

Each Dose of Two Tablespoonfuls equal to 120 Drops, contains:

Pure Cod Liver Oil	80 m. (drops)
Distilled Water	35 "
Soluble Pancreatin	5 Grains.
Soda	⅓ "
Boric Acid	¼ "
Hyocholic Acid	½₀ "

DOSE:

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

Hydroleine (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

Sold at all Drug Stores at $1.00 per Bottle.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

Copies of these Works sent Free on Application.

Wm. F. Kidder & Co.,

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83 John Street, New York.

IMPORTANT!

GREEN DRUG

FLUID EXTRACTS,

OR NORMAL TINCTURES.

THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL CO. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL CO. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	- - - - -	2 1-2 gr.	to 1 oz.
" " " Hot Water,	- - - - -	12	" 1 oz.
" " " Alcohol,	- - - - -	3-4	" 1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - 1-4 gr.
Podophyllin, - - - - - - - 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of tnis salt.

Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.

FOR STUTTERERS.

A GENTLEMAN who stammered from childhood almost up to manhood gives a very simple remedy for the misfortune: "Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips, but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do most anything to cure myself of such an annoying difficulty. I read for two hours aloud with my teeth together. The first result was to make my tongue and jaws ache, that is while I was reading, and the next to make me feel as if some thing had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals until cured."—*Physicians and Surgeons Investigator.*

THE DIAGNOSIS OF SCIATICA.

A DIAGNOSTIC point in sciatica is given by De Beurmann which we have never seen alluded to. The patient lying on his back with the muscles of the leg and back relaxed, the affected leg is raised while in complete extension and flexed upon the abdomen. This causes marked pain in the course of the sciatic, especially intense at the sciatic notch, and the movement is resisted. If, then, the limb be lowered, and while the leg is flexed on the thigh the latter is again carried up on to the pelvis, no pain will be felt. This phenomenon depends on the fact, verified by De Beurmann in experiments on the cadaver, that great tension of the sciatic is exerted by flexion of the thigh when the leg is extended, but almost none when the leg is flexed.

In the diagnosis of sciatica from crural neuralgia, affection of the femur, or coxalgia, in all of which diseases the limb and seat of the pain may be similar, this manœuver is of value. If the nerve trunk is free of disease there will be no difference in the amount of pain caused by the extension or relaxation of the nerve by the different positions indicated. In other words, in affections other than sciatica, the movements given to the coxo-femoral articulation will be equally painful whether the leg is extended or flexed on the thigh.—*Boston Med. and Surg. Jour.*

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

INCREASING THE STATURE OF WOMEN THREE AND A HALF INCHES.

No doubt it is still as true as it ever was, that no one "by taking thought can add a cubit to his stature," but if the *Pall Mall Gazette* (London) is uot stretching the truth, the fashionable women of England, with an ingenuity worthy of their American congeners, have really discovered a way of increasing their height, and that not by the fictitious aid of high-heeled boots, but by actually stretching their bodies. From making over dresses so that they will look "just as good as new," women have applied the making-over process to themselves. If teeth and hair are missing, they can be replaced by artificial ones, while legs, arms and eyes, which, so far as display is concerned, are almost as good as those supplied by nature, can be had for a price. Padding will make the female form round and shapely; paint will conceal an undesirable complexion; and a German has discovered a method whereby the color of the human eye may be changed at will, but hitherto there was no way by which a woman, if she chanced to be little, could make herself tall, and for the "dumpy" woman there was positively no hope, she could only make the best of nature's error, since she could in no way correct it.

Now, however, it is all changed, the problem of adding to a woman's stature has been solved. It occurred to an English physician—beyond question he was a married man—that the human form was more or less elastic. He reflected that we are taller in the morning than we are at night, because the body, by its elasticity, regains when resting in the horizontal position, what it lost in height, by the influence of gravitation when erect. Furthermore the elasticity of the female form has been demonstrated by the use of the corset. The waist may be compressed, but a compensating expansion takes place in other parts of the body. Whenever a cubic inch of flesh is pushed away from the

region of the waist, it makes its appearance elsewhere. In fact the corset diffuses the wearer's waist instead of partially annihilating it. The inventor of this method concluded that if one half of a woman's waist may be transferred from her belt to her shoulders, her height could be increased by squeezing her whole body in an elongated corset. The patient who is to undergo this process is encased in a very tight corset, and dons shoes weighted with fifty pounds each. She is then placed in a machine, consisting of a ring encircling the waist, and is suspended from the ceiling so that her feet are clear from the floor. The corset forces the upper part of her body upward, and the weight of her shoes stretches her from her waist downward. Of course the bones cannot be stretched, but the joints can. It is stated that by the above process the length of the spine can be increased two inches, while the ankle, knee and hip joints can be stretched an inch and a half more, and thus three and a half inches can be added to the height of any woman who has the courage to undergo the trouble of the process which lasts, with brief interruptions, for six months. Of course that is not adding a cubit (about eighteen inches) to one's stature, but it certainly is adding a good deal, for there are other situations beside the end of a man's nose where "an inch is a good deal," and three inches and a half will transform an insignificant woman into a graceful and even majestic one, and there are plenty of small women who will be only too glad to be converted into tall women at the cost of six months seclusion from society.

THE UTERINE SOUND AND HOW TO INTRODUCE IT.

The uterine sound is not an instrument of recent invention, and yet it is surprising how few general practitioners employ it. We find it the means of securing most important information, which could be obtained in no other way, and look upon it as one of the most useful, and at the same time if carefully and judiciously handled, one of the safest of obstetric instruments. It is by some, however, held of questionable safety, and it is indeed capable of doing much harm if roughly or unskilfully handled; or if used in an improper case, the most serious con-

sequences may follow its introduction. But the same may be said of the catheter, the probang, or indeed any instrument requiring skill. By its use we may measure with great accuracy the depth of the uterine cavity, and learn as to the presence therein of foreign growths. The mobility of the uterus can also be judged of, and its connection with, or freedom from, tumors which may be situated close to it, can be made out, while any unnatural curve of the uterine cavity due to displacement of the organ can be readily determined.

To our way of thinking, Athill, in his work on diseases of women, gives decidedly the best directions we have seen for its introduction, which by the way is not always the easy operation it is commonly supposed to be, requiring tact and practice just as the use of the catheter does. He says: "Holding the sound in the left hand I recommend you to introduce the index finger of the right into the vagina, and keeping its tip in close contact with the os uteri, guide the point of the sound up to the os, slipping it along the inner surface of the finger, the concavity of the instrument being turned toward the rectum. A little manipulation and gentle pressure, will now make it enter the canal of the cervix. This being fairly accomplished, a fact you can always be sure of because your finger is still in contact with the os, you are to rotate the handle of the sound, a manœuvre exactly similar to that practiced by surgeons when introducing the catheter. This has the effect of changing the direction of the point of the instrument, which will now look upward and forward in the direction of the axis of the uterus. Steady but very gentle pressure should now be made, and the point will in general pass on without difficulty until it reaches the os internum; here some slight obstruction is often met with. This, if it occurs, should be overcome by gentle continuous pressure, force on no account being used lest injury be done to the uterine walls."

DRUGGISTS WHO GIVE A PERCENTAGE.

THERE are some druggists who are so unscrupulous in their methods of obtaining business, as to be in the habit of paying physicians a percentage on all prescriptions they send to their store. We recently declined a proposition of this kind, not

because we belong to the I-am-better-than-thou class, or profess to be more conscientious than the great bulk of physicians, but because we know full well that it is neither honorable nor politic to enter into such an agreement. This percentage can be but a small object to any physician in good practice and standing, while it is *a wrong* upon all *legitimate* and *honest druggists*, and leads to greater wrongs on the public. Any druggist who follows this *secret* and *dishonorable* practice must inevitably do one of two things in a great number of prescriptions he puts up. He must either put them up at a loss to himself after the percentage is deducted, for the drug business is *not* all profit *as* is popularly believed, or he must use adulterated or inferior drugs to the manifest injury, perhaps death, of the patient, and discredit of the physician. It would be well if the public should be warned, and avoid, under all circumstances, trading with the druggists who are known to be guilty of such practices. At any rate no physician can afford to enter into such an unholy alliance.

CANCER A CONSERVATIVE PURPOSE OR PROCESS.

We confess that in our ignorance we had always supposed uterine cancer to be inimical to both health and life, but in this we must have been mistaken for in an old copy of the *American Journal of Obstetrics*, we came across an elaborate and ingenuous essay bearing the title, "The Conservative Purpose of Uterine Cancer." As the article in question appeared in a journal of such high authority, we infer that it possesses value, but we are too dull to extract it. In order that our readers may see what they can make of it, we quote the concluding paragraph. "In conclusion, speaking figuratively, cancer is like the twig that naturally intended to grow in a perpindicular direction until it reached the towering height of a vertical oak, but by being bent, first to the right, then to the left, then laterally again and again, it becomes a crooked, knotted and irregular dwarf. The evolutionary nature of the cancerous organ has, so to speak, been lashed into a pathological fury—goaded to madness—tortured to suicide; until like the teased viper it turns to bite itself with the identical fang naturally designed for its own defence and

preservation. Just like a shell fired at an enemy in a direct line, by unluckily impinging upon a succession of oblique surfaces, it may eventually describe a circle and return to burst in the face of the gunner himself; it was fired with the same conservative design of self-preservation nevertheless." What do you think of it? Rather more learned, than sensible or practical is it not?

PERSONALS, BRIEFS, ITEMS, ETC.

The Physicians and Surgeons Investigator prints in its recent issue an article taken from our columns word for word, but *carefally neglects* to mention the source from which it obtained it.———*An oyster produces* 128,000,000 young every year. Next to the man who concocted campaign lies for some of the leading dailies, an oyster is the most prolific thing of which we have ever heard.———*Dr. S. J. Pollock, reports the case* of a woman of 56 years, who had painful ulcers and for two years had used morphia in large quantities, sprinkling on the ulcers, so that the opium habit was firmly established. She had also used a quart of whiskey each week. These were both cut off and Concentrated Tincture of Avena Sativa ordered. After the first night or two she slept well and after a few days all desire for the accustomed opiate was gone, and she has taken none since. Dr. Pollock says, he believes that an honest trial of this *concentrated* tincture will break up the habit with any opium habituae. He regards it as the most reliable nerve tonic he has ever used. ———*Should a mustard plaster* be classed among drawing materials?——"*What's that on your nose*," asked one man of another. "Oh, that's nothing but a political gathering," was the reply, "I disputed the majority in New York last evening."———*Dr. George F. Gay*, of this city, late one of the principal surgeons to the Massachusetts General Hospital, and who enjoys an extensive practice, says he employs the Virburnum Compound largely in female complaints, and recommends it warmly to physicians as a most valuahle remedy in the treatment of uterine troubles, especially dysmenorrhœa.———*The papers speak of the* "consumption of the domestic cigar." We were aware that something pretty bad was the matter with the domestic cigar. If it is consumption, let us hope that it is of the galloping variety, so that the patient may be taken away as quickly as possible. ———*From all appearances the New Orleans Exposition* will acquire a distinction hitherto unattained by any similar enterprise, it will be ready on time.———*The size of the bottle* in which Hydroleine is put has been increased to 12 ounces, without any

corresponding increase in the price.———*A convict in the State Prison* recently engraved the ten commandments on a silver quarter. If a quarter looked as big to him as it does to some people we know of, he might have got the book of Exodus and the 119th Psalm on it, without disturbing the mint inscriptions. ———*C. W. Prindle, M. D., of Grand Rapids, Mich.*, says he uses *Tongaline* exclusively in all forms of Neuralgia and Rheumatism, and finds it a safe, and efficient remedy. Our own experience leads us to endorse his statement. For all cases of neuralgic or rheumatic pains, accompanying the colds that prevail at this season, it seems to be almost a specific.

BOOKS, PAMPHLETS, ETC.

PHYSICIANS' VISITING LIST FOR 1885 (Lindsay & Blackiston). P. Blackiston, Son & Co., Publishers.

This list is now in the thirty-fourth year of its publication. It maintains a high standard of excellence, and for completeness, compactness and simplicity of arrangement it is superior to any other list with which we are acquainted. It affords physicians a complete and convenient method of keeping a record of all transactions relating to their daily practice, and enables them to carry about with them a vast deal of information that may stand them in good stead in many emergencies. It is neatly and durably bound, and furnished with tucks, pocket, and pencil for one dollar. Having used it for years in preference to all others we can most cordially recommend it.

DRUGS AND MEDICINES OF NORTH AMERICA. Cincinnati; J. U. & C. G. Lloyd.

The third number of this quarterly is on our table. We cannot but admire the painstaking thoroughness with which it is being conducted. No expense appears to have been spared in its production, and a deal of good enduring science is found within its covers. The greater portion of the number in hand is devoted to a consideration of Hydrastis Canadensis. The facts, especially as they bear upon the healing art, are remarkably well treated. The illustrations are good, and those of Mrs. Stowell are especially valuable in this connection.

E. DUNCAN SNIFFEN'S ADVERTISERS' REFERENCE BOOK. 3 Park Row, New York City.

Advertisers and all others wishing information concerning any newspaper or periodical, should send for this book, as from it

they can obtain any information they may want as to circulation, rates, etc., of any publication.

The reflex action of Phimosis has received further confirmation and additional illustration in an essay by Dr. T. G. Comstock, of St. Louis, in a neat reprint before us. He shows its relations to hip-joint disease in a tabulated series of cases which deserve the attention of every physician.

Puerperal or Child-bed Fever, is the title of an interesting paper read before the Society of Physicians and Surgeons, of St. Louis, by the author of the preceding.

VIN MARIANI—ERYTHROXCYLON COCA. Its uses in the treatment of disease. New York: Mariani & Co.

This is a series of citations from various authors of articles concerning this drug, which is just now attracting so much attention among medical men.

RECEIPTS.

IN order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during November:

J. W. Waters 1, I. L. Case 1, W. Underwood 1, D. F. Roche 1, J. P. Smith 2, T. W. Robinson 1, W.. Brown 1, S. T. England 1, J. R. Jones 1, C. G. Balch 1, N. F. Gordon 1, M. Ogden 1, F. Easton 1, G. Darwin 1, C. A. Babson 1, N. T. Moulton 1, D. E. Loring 1, F. R. Kingsley 1, G. A. Teulon 1, F. W. Edson 1, T. Castlewood 1, S. H. Dexter 1, J. V. Newton 1, S. A. Crittenden 1, B. F. Salomon 1, G. F. Richardson 1, H. W. Emery 1, D. N. Ormond 1, C. B. Dashwood 1, M. L. Underhill 1, J. Lincoln 1, S. Q. Mountford 1, V. E. Clementson 1, R. J. Sunderland 1, L. T. Patterson 1, W. H. Ellerton 1, T. R. Vincent 1, P. E. Hamilton 2, S. L. Knowlton 1, W. Ormson 1, J. A. Thompson 1, L. C. Manning 1, M. O. Loring 1, D. F. Cordingly 1, H. T. Harrington 1, J. S. Tarrant 1, M. J. Donaldson 1, S. I. Lawrence 1, O. T. Grayson 1, J. M. Bartlett 1, E. R. Hammett 1, S. J. Morgan 1, T. F. Silsby 1, L. J. Richardson 1, L. O. Everett 1, I. S. Browning 1, B. C. Robertson 1, C. E. Henderson 1, H. T. Jackson 1, L. Torrington 1, S. P. Wilmarth 1, T. C. Franklin 1.

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MELLIN'S FOOD is used in counting rooms and offices as a most agreeable lunch.

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A Sample Bottle Free by Mail to any Physician.

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41 and 42 Central Wharf, Boston, Mass.

Correspondence from Physicians Promptly Answered.

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PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.

PERFECT, PERMANENT, PALATABLE.

THE STANDARD EMULSION OF COD LIVER OIL.

Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.

The California Medical Journal,

(ECLECTIC)

The Pacific Slope Organ of Eclectic Medicine and Surgery.

This Journal, now in its fifth year of publication, is a forty-eight page monthly devoted to the interests of the general practitioners, and to the advancement of medicine in all its branches. During the past year the price has been reduced from $2 00 per year to $1.00, for the purpose of inducing every eclectic practitioner in the United States to become a subscriber. Already our list has increased largely, but we hope with the beginning of the sixth volume, (January, 1885), to number many more among our subscribers. Eastern physicians will find it a matter not only of profit, but satisfaction to know of the condition of eclectic medicine on this coast. The very low price at which it is offered, should induce every one to subscribe and contribute to its pages. The editor will be assisted by members of the Faculty of the California Medical College, who will contribute valuable articles from time to time, and a number of physicians of California, who have already rendered valuable aid, will continue to assist in illuminating its pages.

Sample copies sent to anyone who has not already seen it upon application to

H. T. WEBSTER, M. D.,
Editor California Medical Journal,
Oakland, Cal.

☞In corresponding with Advertisers, please be sure and mention this Journal.

PNEUMATIC ASPIRATION.

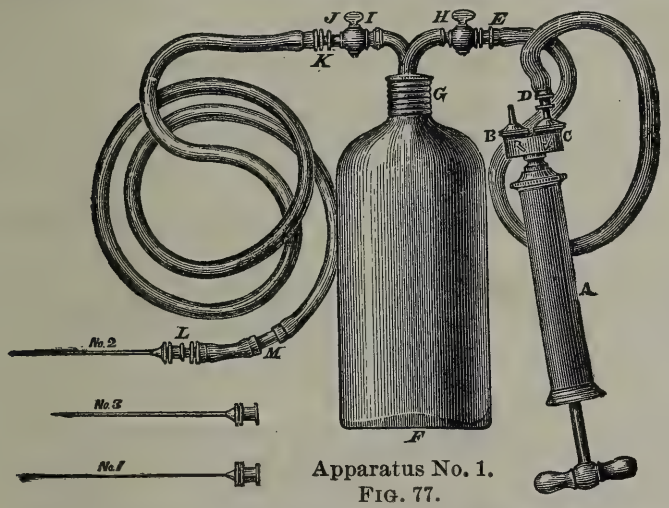
AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.

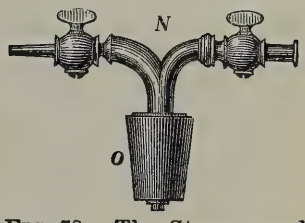


FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healhy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condeused air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condencing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)..... ***$16.00***

No. 2. The same, without receiver and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... ***$14.00***

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents)..... ***$6.00***

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Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

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IN

CHOLERA INFANTUM

will be found superior to all foods. Ten per cent. of the Beef is peptonized, which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

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"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

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Director of the Imperial Chemical Laboratory for Rhenish Prussia.

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Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

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MALTINE.

(Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes.

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University:

"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:

Chicago, Dec. 13, 1883.—"'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M.D., F.C.S., University, Mich.:

Jan. 7, 1884.—"'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

CHARLES HARRINGTON, M.D., Harvard University:

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesses donble the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

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THE MALTINE MANUFACTURING CO.,

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LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

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PHYSICIANS are now prescribing **HYDROLEINE**

FOR

CONSUMPTION

AND

WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

Hydroleine furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil.

Hydroleine is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

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HYDROLEINE

(HYDRATED OIL.)

Each Dose of Two Tablespoonfuls equal to 120 Drops, contains:

Pure Cod Liver Oil	80 m. (drops)
Distilled Water	35 "
Soluble Pancreatin	5 Grains.
Soda	½ "
Boric Acid	¼ "
Hyocholic Acid	1/20 "

DOSE:

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

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TRADE MARK.

Chemical Analysis:

Moisture	5 to 6 per ct.
Nitrogenous matter (Nitrogen, 2.25 to 2.35)	14.5 " 15 "
Carbo-hydrates, soluble in water	54 " 55 "
Carbo-hydrates, insoluble in water	15 " 16 "
Fat	4 " 5 "
Ash (inclusive of 0.6 Phosphoric Acid)	2 " 2.5 "

"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

"My analysis perfectly agrees with the analysis given on their labels and bears witness to the excellent and rational manner in which this food is compounded."—DR. E. GEISSLER, Dresden, April 10, 1880.

"I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for infants or invalids. The introduction of the Anglo-Swiss Milk Food into America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food."—E. A. JENNINGS, M. D., Provident Dispensary, 62 W. 14th Street, New York.

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"Has yielded most favorable results."—J. C. GUERNSEY, M. D., Philadelphia.

"The Diarrhœa had been persistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—GEO. M. OCKFORD, M. D., Vincennes, Ind.

"Used in our Sea-Side Nursery. It nourishes and strengthens every child to whom it is given."—JOHN W. KRAMER, M. D., Master of St. John's Guild.

"Our little ones love it. It regulates and strengthens the bowels."—SISTERS OF CHARITY, St. Vincent's Home, Philadelphia.

"We find that it agrees with each case."—M. SPENCER, Matron Philadelphia Infant's Home.

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SOLD BY DRUGGISTS GENERALLY.

The same results can be obtained outside of the Free Hospital of 70 Beds for Infants and Women with Chronic Diseases, established and supported by the Murdock Liquid Food Co., Boston, as in it. Confirmed by Cases that we extract from Essays read before the American Medical Association at Richmond, Va., and Washington, D. C., 1884, and the American Institute of Homoeopathy, at Milwaukee, Wis., and Deer Park, Md., 1884, and on its value in Cholera Infantum from the New England Medical Gazette.

Extracts from Essay read before the American Medical Association, at Washington, D. C., May, 1884, by B. N. Towle, M. D., Boston.

Case 1. Mrs. A., aged 28 Years.

This patient had been failing for six months. When I first saw her, she had a sore throat, cough, free expectoration of a glairy mucus, pain, and tenderness through right lung just below the clavicle, debility, emaciation, fever and night sweats; pulse 100, temperature 99½, appetite poor, and food distressed her. Had hæmophysis twice.

An examination of the chest revealed a dullness below right clavicle, with diminished respiratory murmur, with moist crepitations over top of both lungs. Treatment: hypophosphates of soda and inhalations of oleopinisylvestris for two months, with but little or no improvement. Raw Food added, and in six weeks she gained twelve pounds, and was able to resume her home duties.

Case 2. Miss B., aged 22 Years.

First saw her in 1880. Symptoms: A course, harsh cough; free expectoration of cell mucus; pain in left side through to shoulder; throat dry; loss of appetite; diarrhœa and constipation alternating; fever at night; pulse 110; temperature 100; considerable emaciation and great weakness; constantly getting cold, and having fresh attacks of pleurisy.

She had been treated by her family physician for seven weeks, with no improvement.

Blisters to the side and Raw Food was advised, and in five weeks she was able to resume her work in a shop.

Case 3. Mrs. H., aged 55 Years.

This patient had nervous exhaustion from overwork and the loss of a daughter. She was very much reduced, not able to walk on the street; great nervousness; sleepless nights and confused and troubled days, often affirming that she should be insane; no appetite; food distressed her; constipated; great mental depression, often wishing to die. The whole list of nerve tonics and sedatives was tried and failed. I put her on Raw Food, and she at once began to mend, and in six months was well.

Case 4. Aged 22 Years.

For the last five years this patient has been a constant sufferer from cancrum oris. For weeks at a time her cheeks and tongue have been one mass of ulcers. Whole days the saliva would flow continually from her mouth. Appetite very poor, with a burning pain in mouth and stomach after taking food, and an intolerable faintness when the stomach was empty.

For four years she had been suffering in this way, until not able to wait upon herself. One year ago I advised Raw Food, and she has continued it until the present time. She now has very little trouble from the canker, and is quite well and strong—able to share the care of her household.

Case 5. Mrs. F., aged 30 Years.

Bright's disease of three years' standing. Symptoms: Uræmic. Urimis vomiting; frequent epistaxis; sallow, milky complexion; great thirst; good appetite; food often came up as soon as swallowed.

I saw him, and advised mineral water and Raw Food, which he was able to retain, and improved on it for a time, but finally died. This case showing that Raw Food could be retained on the stomach when other food was rejected.

Extract from Essay read at Richmond, Va., before the American Medical Association, by Geo. R. Shepherd, M. D., Hartford, Conn.

Chronic Strumous Arthritis of the Knee—Caries of Femur and Tibia—Incipient Secondary Disease of the Lungs, with Waxy Liver and Spleen.

Mr. S., aged 34, came under my care in the spring of 1880, on account of strumous arthritis of long standing. He had been treated by advertising quacks so long as his money lasted, and then applied to an educated surgeon, who prescribed cod-liver oil and iron; but he had no regular attention till the time of my taking the case. I found the knee joint swollen and tender, with numerous sinuses leading toward it. The exhaustion from long-continued discharge, and inability to digest his food, was so great, and the symptoms of incipient disease of the lungs, liver and spleen were so marked, that I considered the case, as I first saw it, a hopeless one, and any operation entirely out of the question. After a short trial of the oil, iron, etc., as there was no improvement, I gave him Murdock's Liquid Food in place of the oil. This he took nicely, and before long began to give evidence of increasing strength. The sinuses contracted and healed, the pulmonary symptoms improved, and at the end of four months he began to walk on his crutches, and after a while was able to go up and down stairs.

He now went away upon a visit to his friends in New York, and upon his return I am satisfied he did not have nourishment enough of any kind, he having relinquished his Food when he left the city. I did not see him until some three or four months after his return, and then found him much reduced in strength, and with increased discharge from his limb. Prescribing a little potash to quiet his pain at night, I immediately resumed the Liquid Food, and was pleased to note an improvement almost immediately. But, although he gained in general health, still the local disease remained nearly the same, with this exception, viz., there was much less pain at night, und the sinuses contracted and discharged much less, although they did not entirely heal. The spleen decreased somewhat in size, but the liver remained about the same. The urine was normal. Severe illness of his child and sickness in my family caused me to content myself with this condition till April 28 of this year, when, with the assistance of Drs. Packard and Crossfield, I placed him under ether, and, cutting down upon the internal condyle, found a small portion of dead bone, about the size of a cent. I could not believe that this marked improvement in general health was compatible with very extensive disease of the bones; and still I was prepared to reset the joint, if found necessary. After removing the external plate of dead bone, I began scraping away the soft, carious portion beneath, and soon had penetrated to the opposite condyle, where I found a thin plate of sound bone. To be brief, I found the lower four inches of the femur and the head of the tibia, with two inches or more of its shaft, a simple shell of bone, filled with the carious pulp; and, since resection was out of the question, amputation was performed in the middle third, and the stump healed by first intention, through five-sixths of its extent. [May 16—The stump is all healed, and Mr. S. walking about everywhere.]

At the time of the operation the spleen was found to be about natural in size, and the liver but little larger than it should be, though still firm and thick.

This case is remarkable on account of the improvement which took place while taking the Food, although there existed such extensive disease. [July 9, 1884—Now in perfect health.]

Any Physician who has a case that will not yield to treatment can have a bed assigned, and can treat the patient daily if he wishes to. Contagious cases not admitted.

The same results can be obtained outside of the Free Hospital of 70 Beds for Infants and Women with Chronic Diseases, established and supported by the Murdock Liquid Food Co., Boston, as in it. Confirmed by Cases that we extract from Essays read before the American Medical Association at Richmond, Va., and Washington, D. C., 1884, and the American Institute of Homoeopathy, at Milwaukee, Wis., and Deer Park, Md., 1884, and on its value in Cholera Infantum from the New England Medical Gazette.

Essay read at Deer Park, Maryland, before the American Institute of Homeopthy, June 17, 1884, by G. E. Sparhawk, M. D., Burlington, Vt., will be in our new pamphlet.

Extract from Dr. G. B. Peck's (of Providence) Essay before the Thirty-third Congress of the American Institute of Homœopathy, at Milwaukee, Wis.

Symptoms resulting from loss of blood should, of course, be treated by their similia; so generous a diet will be given as the condition of the patient will permit. Above all things else stands "Murdock's Liquid Food."

From the American Homœopath, January, 1884.

FOOD EXTRACTS. The value of Murdock's Liquid Food is fairly illustrated in the following case, a friend of ours: This lady suffered from general debility, the outcome of a residence in a malarious district, greatly intensified by unskilled treatment. Under homœopathic care and a change of residence some improvement was noticeable, but the debility continued, notwithstanding close study of the case; a normal weight of 118 pounds was reduced to 96, when Murdock's Food was prescribed, and in three months health was re-established, and a gain in weight of 25 pounds resulted from its continued use for some six months.

From the Peoria (Ill.) Medical Monthly.

We have used Murdock's Liquid Food in a number of cases of great debility, and where the stomach was unable to retain any kind of food; in some cases, in fact, the patients were starving to death. The results have been *all and more* than we expected. We think it needs but a trial to prove its worth to every one—EDITOR.

From the New England Medical Monthly, July 15, 1883.

A hospital containing over seventy beds has recently been started in Boston by the Murdock Liquid Food Co. This is a noble charity, and one that reflects great credit upon its projectors, If the success of this institution is as great as the Food they make is valuable, we predict for it a magnificent success It is certainly one of the most valuable dietetic preparations in the world. We speak from a long and extended experience in our practice and in our own family. If it could only be made to taste a little better it would be perfect.

From the London Health, July, 27, '83.

HOUSEHOLD NECESSITIES. "Murdock's Liquid Food" may be specially mentioned. This extract has attained a high reputation in America, and from a knowledge of its use in the wasting diseases especially childhood, it has hardly an equal in respect of its speedy digestion and strength. In general debility this Food is of high value, and those who have cases of wasting disease under their care should give this Food a trial.

From the New England Medical Gazette.

MURDOCK'S LIQUID FOOD IN VOMITING OF CHOLERA INFANTUM.

BY F. L. BABCOCK, M. D., DEDHAM, MASS.

Every physician in active practice has probably been somewhat troubled in this terrible disease in infancy with most obstinate vomiting of all food taken into the stomach. We have found the most happy relief from this troublesome symptom in the use of "Murdock's Liquid Food"—by the complete withdrawal of *all food* and the use of this Liquid Food, five drops in one teaspoonful of water every half hour alternately with the medicine. In several instances the case seemed hopeless; in spite of the best selected remedies, the vomiting continued unchecked. It ceased immediately upon receiving the Food, and in a few hours the little sufferer would begin to improve. As improvement progresses, we gradually increase the amount of Food given to ten drops per hour. By this means we have been able to turn what seemed to be most certain defeat into signal victory. We have heretofore always looked upon the symptom of vomiting in cholera infantum as secondary in importance to the diarrhœa. But we have observed that, in proportion as we have been able to check the vomiting, we have seen improvement in the diarrhœa.

The following cases in our practice may serve to show its value in some most troublesome cases:

Case 1.

Was called to attend Baby C——, aged sixteen months, and found a well-developed case of cholera infantum: Profuse watery diarrhœa; vomiting of everything taken into the stomach; intense thirst; head hot; hands and feet cold. *Ver.*, *Ars.*, *Cham.*, were each given according to indications, without benefit. From the first the vomiting and diarrhœa continued unchecked. The infant became greatly prostrated in strength and reduced in flesh; eyes sunken and turned upward into the head; pulse very weak and rapid. At this stage the regular food of the child was taken away, and Murdock's Food given, as stated above, and with the best results. From the first dose of the Food the vomiting ceased, and the child did not vomit afterward. The diarrhœa continued for a short time, but the child began to recover as soon as the vomiting ceased. The diarrhœa was relieved by *Veratrum alb.*, and the child made a good recovery.

Case 2.

Was called to see Baby F——, aged nine months. Found the child in its mother's arms, constantly crying. Cold hands and feet; head hot; very thirsty. When asleep its eyes are partly open. Profuse watery diarrhœa and vomiting of everything taken into its stomach. Was enabled with *Veratrum alb.*, to check the diarrhœa, but the vomitting continued. Continued *Veratrum alb.*, withdrew all food and drink, and gave Murdock's Liquid Food, five drops in one teaspoonful of water every half-hour. The vomiting soon ceased; and, with a slight relapse on the following day, that was controlled by *Veratrum*, the child made a complete recovery.

We regard this Food as the most valuable auxiliary to our treatment in all cases where the stomach is weak and inclined to reject all food. We have seen the most happy results from the use of this Food in many of the exhausting diseases of childhood, but especially in the vomiting of cholera infantum.

For any Physician who has not tried our Liquid Food and would like to (it is the only raw food known, is condensed 16.86 and free of insoluble matter), we will deliver to any express in Boston one six ounce bottle free.

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

PLANTEN'S CAPSULES*

Known as Reliable nearly 50 Years.

*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

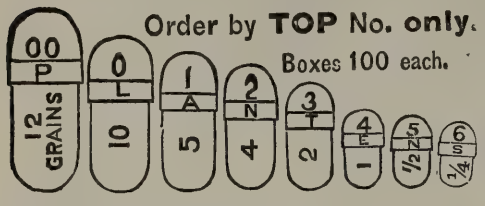
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Hard and Soft Elastic { 9 Sizes: 3, 5, 10 and 15 Min., and 1, 2¼, 5, 10 and 15 Gram. } All Kinds Filled.

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EMPTY, 8 Sizes.



For taking medicines free of taste, smell, injury to teeth, mouth or throat. Trial box by mail, 25c.

RECTAL, 3 Sizes. 3, 6 and 12 grain.

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The Viburnum Compound of Dr. Hayden.

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It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

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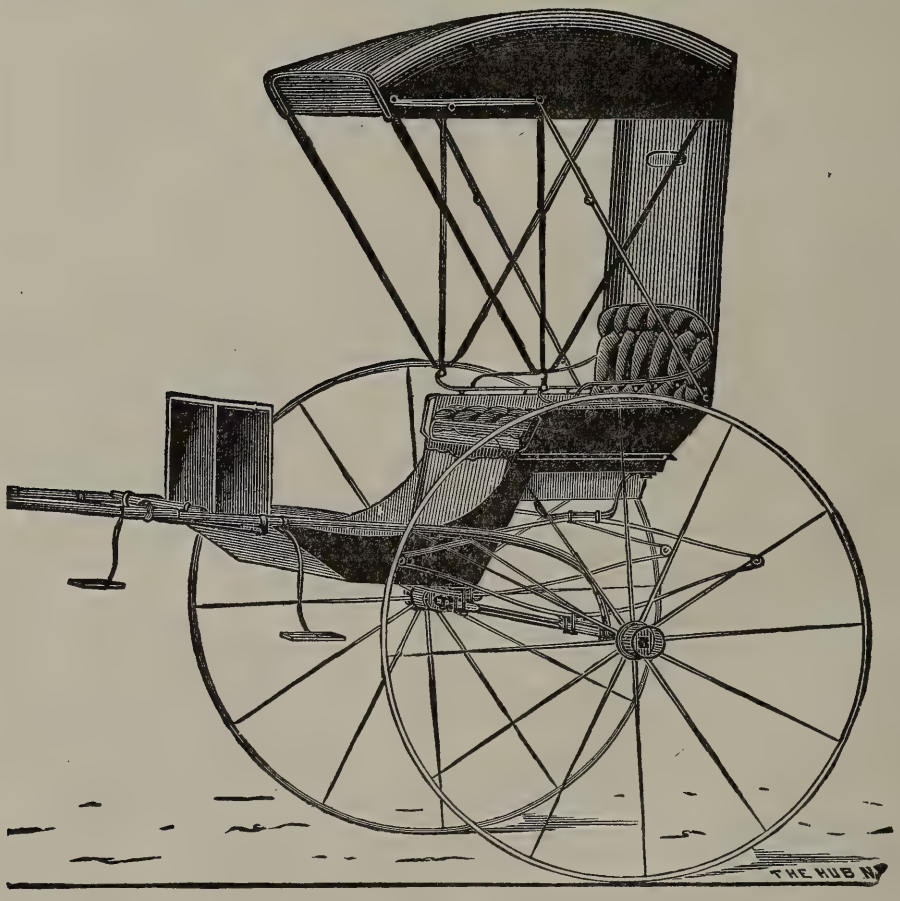
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That will ride as easy as a four. Good and strong, with phaeton body, good, full, large back—and the rider can use and feel no more horse motion than in a four-wheeled vehicle. Has all the conveniences for a doctor's box, for a chest, storm apron, and is as as easy to get in and out of as a buggy; nothing to climb over in getting in.

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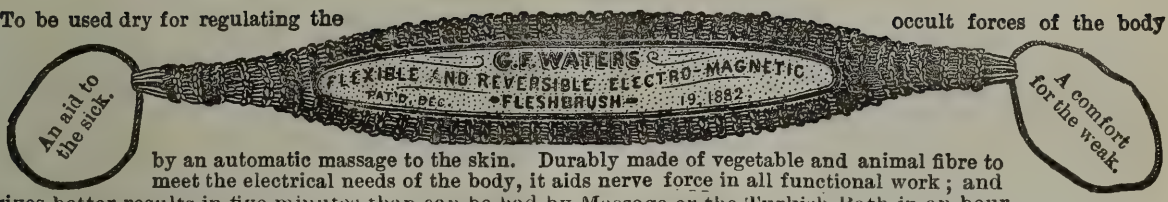
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by an automatic massage to the skin. Durably made of vegetable and animal fibre to meet the electrical needs of the body, it aids nerve force in all functional work; and gives better results in five minutes than can be had by Massage or the Turkish Bath in an hour.

J. B. M., a Boston publisher, after two months use, said:—"Your brush is going to make my fortune. It will save me $50 a year in bath tickets, and *more than fifty hours time.* My skin is cleaner and I feel better than when I took the baths once a week."

Miss E. J., a Boston school teacher, supposed to be in the last stages of tuberculosis when she began, August 1st, 1883, the use of this flesh brush, after two months experience, wrote:—"I am using your brush twice a day. I am sure it is doing me good. My skin is in splendid condition. I feel well, and am increasing my avoirdupois," After four months more experience from its use she said:—"I like it very much indeed, I feel perfectly well, and I am heavier now than I have ever been. I would not be without it for anything. I would rather buy one every year. I've not had a cough nor a cold since I began to use it."

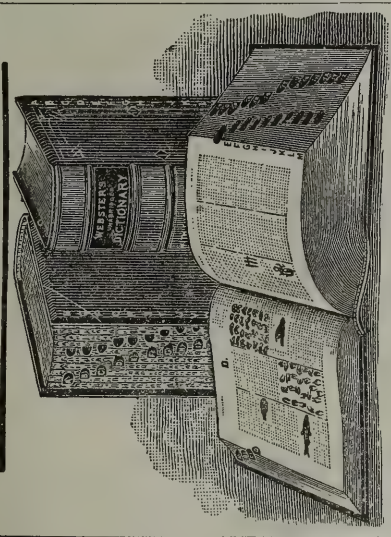
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Wm. H. Wescott, M. D., of this city, said: "That brush has cured my rheumatism." He had previously tried medicine, baths, brushes, and massage without help. He now has six in use by his patients.

The Brush is seven times larger than the cut. It is sent by mail on receipt of ***$3.00***, or two for ***$5.00***, with special directions for use, worth more to anyone than the price of the Brush. Special terms to physicians.

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In Sheep, Russia and Turkey Bindings.

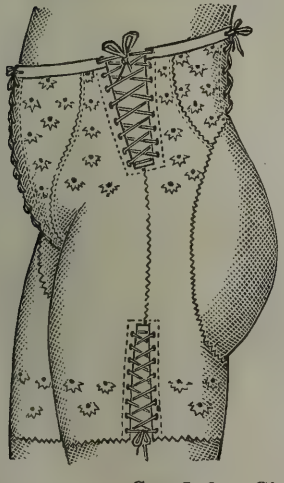


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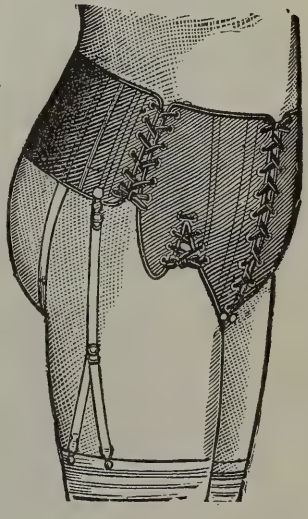
Madame La Chapelle's "Health Preserver."



A REVERSE CORSET for preventing and overcoming Uterine Disease. Pre-eminently useful during Pregnancy. Especially adapted to treatment of Functional Derangement. It affords IMMEDIATE SATISFACTION. Heat and Pain throughout the region of the back and pelvis, "fulness and dragging down," prolapsed bowels, ovarian weakness, troubles of the Bladder and attendant reflex troubles of Heart, Brain, Stomach and Liver, are relieved by its APPLICATION. Every one made to order, from glove kid and calf, and are very elegant. In measuring, give EXACT size (under all clothing) of Waist; Abdomen at Umbilicus; Hips, largest part; Thigh; and length from Waist to Pubes.

Measurement must be accurate to insure perfect fit.

Retail Price, with leggings, $15; to Physicians, $10;
Without leggings, $12; to Physicians, $8.



Send for Circulars and Measuring Cards.

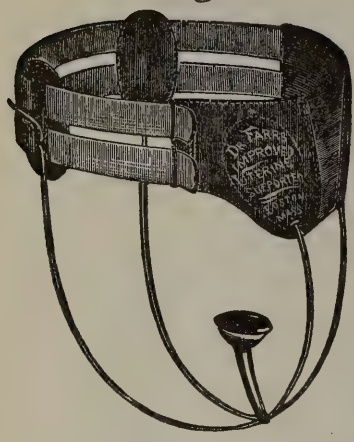
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☞ "No Doctor will fail to recommend or furnish them after knowing their value." ☜

Unrivalled in treatment and cure of all forms of Hernia.

Fig1.



FARR'S

IMPROVED

FLEXIBLE UTERINE SUPPORTERS

SOLD BY ALL DRUGGISTS.

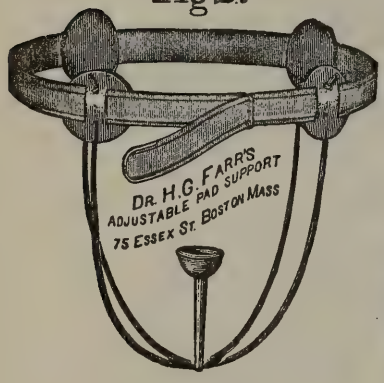
Patents allowed May 19, 1883.

You will see by the above Cut, and the one below, Fig. 2, that I make two styles of Combined Abdominal and Uterine Supporters, each being supplied with Elastic Belts and Adjustable Pads for the Back and Kidneys. They are the only perfectly easy and efficient Uterine Supporter in use. The cup is made of pure rubber, with a coil spring moulded or imbedded in the stem, which gives it rigidity enough to hold the weight, yet it conforms and yields to the varying positions of the body whether sitting or stooping. It is perfectly easy and gives the wearer no inconvenience whatever. It is easy to insert, and is held in position by two elastic cords attached to the Belt, (as shown in the Cuts,) and being supplied with Adjustable Pads for the Back or Kidneys, thus relieving the spine from all pressure, and enables you to put the pressure directly over the weak or painful parts. In fact the Combined Abdominal, Back, Kidney and Uterine Supporter is by far the best that has ever been offered to the profession or public. I make 34, 36, 38, 40 and 42 inch belts. I also make three sizes of Flexible Cups, Nos. 1, 2 and 3. Two length Stems, $2\frac{3}{4}$ and 3 inch.

The Prices, to Physicians, are as follows:

Improved Combined Abdominal and Uterine Supporter, as shown in Fig. No. 1,	$5.00
Combined Adjustable Pad Supporter, shown in Fig. 2,	4.00
Improved Belt, without Cup, as shown in Fig. 1.	3.00
Adjustable Pad Belt, without Cup, as shown in Fig. 1,	2.00
Patent Non-Elastic Belt, with Uterine Cup,	3.00
Back and Kidney Belt alone, (without Cup, and two Pads only,) Fig. 2,	1.50
Flexible Uterine Cups,	2.00
Pelvic Uterine Supporters,	2.00

Fig2.





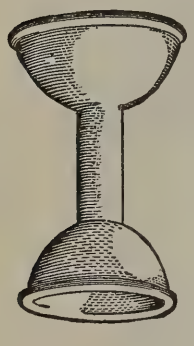
Patent Improved Flexible Ring Pessarie.

Patented May 15, 1883.



No. 2, 2-inch outside diameter.
No. 3, $2\frac{1}{4}$-inch outside diameter.
No. 4, $2\frac{1}{2}$-inch outside diameter.
No. 5, $2\frac{3}{4}$-inch outside diameter.
No. 6, 3-inch outside diameter.
No. 7, $3\frac{1}{4}$-inch outside diameter.

Price, to Physicians, 50 cents each, or $5.00 per dozen.

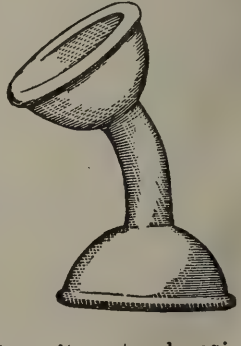


Farr's Pat. Pelvic Uterine Supporter,

Dr. H. G. FARR, Sole Manufacturer,

75 Essex St., Boston.

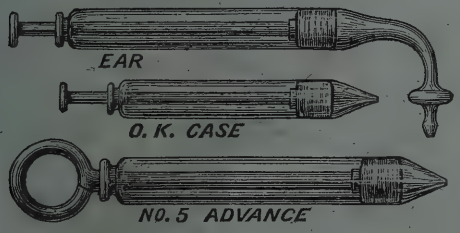
SOLD BY DRUGGISTS and SURGICAL INSTRUMENT DEALERS EVERYWHERE

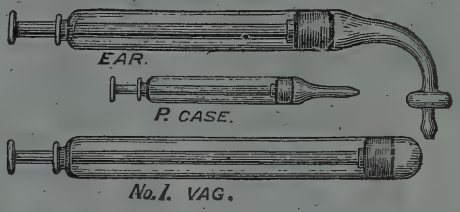


These Cuts represent a Pelvic or Self-Supporting Uterine Supporter. It has a cup on either end, (the lower one being inverted,) connected by a flexible stem with a hole extending through its entire length. It is inserted in the vagina. The upper cup receives the neck of the uterus. The lower cup is also inserted, the rim resting on the pelvic floor. It so conforms to the parts that it does not rest on the anterior or posterior wall but on the sides of the Pelvic Floor; thus it has a natural, firm bearing. Consequently the walls of the vagina are not dilated as in the case of a Pessarie of ordinary make, but is allowed to keep its natural position, thus assisting Nature, holding the weight by means of its natural elasticity, enabling the ligaments to contract without destroying any of the natural support derived from the vaginal walls, and, unlike all other uterine supporters, it requires no cords or belts, but it is complete and simple within itself, requiring no appliances to hold and keep it in position. It being made of pure, soft rubber, it is perfectly easy and comfortable to wear, and does not cause the least inconvenience to the most sensitive patient.

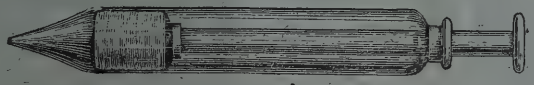
I make three sizes of cups, viz.:—Small, 1 1-2 inches; Medium, 1 3-4 inches; Large, 2 inches. Three lengths stem, Short, Medium and Long. Price to Physicians, $2.00 each.

McELROY'S
Patent Glass Syringes.





Received the Highest Premium at the U. S. Centennial Exhibition.
Acknowledged by all to be the best in the world.



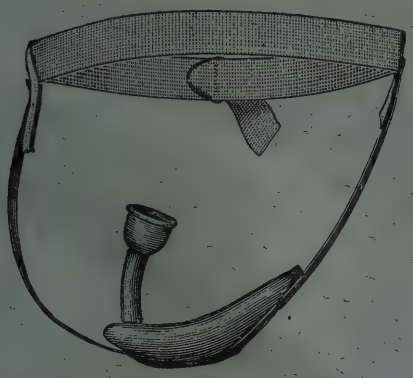
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FOR SALE BY ALL WHOLESALE DRUGGISTS.

P. J. McELROY, Practical Glass Blower,
7 Bridge Street, East Cambridge, Mass.

Each and every syringe has on it my Red Label, with name and address.
ALL OTHERS ARE WORTHLESS IMITATIONS.

FIG. 1.

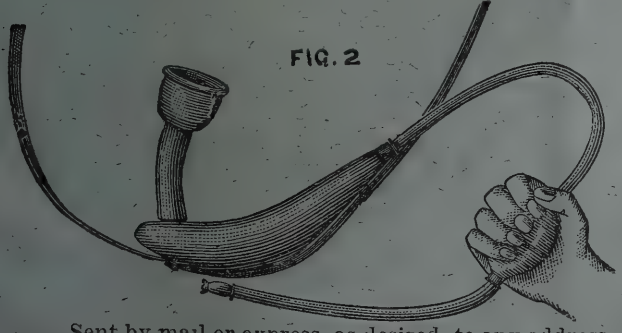


FARR'S PATENT
Ladies' Menstrual Receptacle.

SOLD BY ALL DRUGGISTS, AND AT LADIES' FURNISHING STORES, ETC.

This is the only Menstrual Receptacle in use, and is the grandest invention for the convenience and cleanliness of ladies. It gives entire satisfaction in all cases. No lady can afford to be without one. Its use is indispensable whether travelling or at home, and can be worn from the commencement of the menstrual period until its close.

By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing, the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

Price of Menstrual Receptacle, ... $3.00 each.
" " " " and Syringe, 3.50

Sent by mail or express, as desired, to any address, upon receipt of the money, by P. O. Order, Registered Letter, Check or Draft payable to my order.

P. S. Full directions accompany each instrument.

Dr. R. G. FARR, Sole Manufacturer, 75 Essex Street, Boston, Mass.

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Horsford's Acid Phosphate,

[LIQUID,]

Prepared according to the directions of PROF. E. N. HORSFORD, of Cambridge, Mass. Universally prescribed and recommended by physicians of all schools.

IN WEAKENED ENERGY, IMPAIRED VITALITY, WAKEFULNESS, DEPRESSION.

There are no substances that play a more important part in animal economy than the phosphates. Wherever there are functions that seem to be suspended, we may be almost sure to find it occasioned by a want of phosphates.

It is the office of this Acid Phosphate to rapidly restore the want in the system above referred to. Its value in the restoration of weakened energy and vitality is wonderful. It seems to act as if it were nutriment to the cerebral and nervous systems, restoring to their normal action secretory organs that have been deranged, giving vigor where there has been debility, and renewed strength where there has been exhaustion.

For Overworked Professional Men.

DR. CHAS. T. MITCHELL, Canandaigua, N. Y., says: "I think it a grand restorer of brain force or nervous energy."

For Wakefulness.

DR. WM. P. CLOTHIER, Buffalo, N. Y., says: "I prescribed it for a catholic priest, who was a hard student, for wakefulness, extreme nervousness, etc., and he reports it has been of great benefit to him."

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DR. C. C. OLMSTAED, Milwaukee, Wis., says: "I have used it in my practice ten years, and consider it a valuable nerve tonic."

As a Nerve Food.

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DR. S. F. NEWCOMER, Greenfield, O., says: "In cases of general debility, and torpor of mind and body, it does exceedingly well."

We have received a very large number of letters from physicians of the highest standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Pamphlet sent free. Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges.

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are made of the Acid Phosphate in powdered form. They restore the phosphates that are taken from the flour in bolting. Descriptive pamphlet sent free.

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